

POOP M=MY C=COPYSUPERIOR COURT OF WASHINGTON FOR GRAYS HARBOR COUNTYPAUL MARKS
Plaintiff,

No: 17-2-00050-3

v.
DEPT. OF CORRECTIONS
Defendant.

SUMMONS [20 DAYS]

TO THE DEFENDANT: A lawsuit has been started against you in the above entitled court by PAUL MARKS, plaintiff. Plaintiff's claim is stated in the complaint, a copy of which is served upon you with this summons.

In order to defend against this lawsuit, you must respond to the complaint by stating your defense in writing, and by serving a copy upon the person signing this summons within 20 days after the service of this summons, excluding the day of service, or a default judgment may be entered against you without notice. A default judgment is one where plaintiff is entitled to what he asks for because you have not responded. If you serve a notice of appearance on the undersigned person, you are entitled to notice before a default judgment may be entered.

You may demand that the plaintiff file this lawsuit with the court. If you do so, the demand must be in writing and must be served upon the person signing this summons. Within 14 days after you serve the demand, the plaintiff must file this lawsuit with the court, or the service on you of this summons and complaint will be void.

If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your written response, if any, may be served on time.

This summons is issued pursuant to rule 4 of the Superior Court Civil Rules of the State of Washington.

Signed by Plaintiff

Printed Name

Address

Paul Marks
PAUL MARKS 321696 EB 261
CRCC
1301 N. EPHRATA AVE
CONNELL, WA 99326

DATED 3-4-17

POOP

MC

SUPERIOR COURT OF WASHINGTON FOR GRAYS HARBOR COUNTY

PAUL MARKS
Plaintiff,

v.
DEPT. OF CORRECTIONS
Defendant.

No: 17-2-00050-3
COMPLAINT

AT ALL MATERIAL TIMES STAFFORD CREEK CORRECTIONAL
CENTER IS LOCATED WITHIN GRAYS HARBOR COUNTY
AT ALL MATERIAL TIMES PLAINTIFF WAS A INMATE
AT STAFFORD CREEK CORRECTIONAL CENTER

PLAINTIFF ALLEGES THAT: ON 10-29-16, PLAINTIFF
HAD A BOWEL MOVEMENT, FLUSHED THE TOILET WHICH
OVER FLOWED CAUSING FICAL MATTER AND CONTAMINATED
WATER TO FLOOD THE I WAS IN. AT THE TIME OF
THE FLOODING I WAS BEING HOUSED IN "P" UNIT
ALSO KNOW A "THE HOLE" IN A CELL THAT
I WAS UNABLE TO LEAVE.

MC

POOP

I CONTACTED THE CORRECTIONS OFFICER AND TOLD HIM WHAT HAD HAPPENED. HE CONTACTED THE DUTY SGT. WHO IN TURN CALLED FOR THE IMU PORTER. PLAINTIFF WAS MOVED FROM HIS CELL TO ANOTHER CELL WHERE HE HAD A BIRDS EYE VIEW OF THE FOLLOWING: THE IMU PORTER WAS A MEXICAN WHO SPOKE VERY LITTLE ENGLISH. HE CAME TO THE "F" UNIT WITH 1 BUCKET AND ONE MOP. THE PORTER MOPED THE FLOOR, EACH TIME RINGING THE MOP INTO THE BUCKET, THEN PUT THE MOP IN THE CONTAMINATED WATER, WRING THE MOP AND MOPED UP THE FICAL MATTER AND CONTAMINATED WATER. HE DID THIS UNTILL ALL THE ^{OBSERVABLE} CONTAMINATED WATER AND FICAL MATTER WAS REMOVED. HE THEN PACKED UP THE MOP AND MOP BUCKET AND LEFT. HE DID NOT SANITIZE THE FLOOR WITH BLEACH OR ANY OTHER SANITIZING AGENT. PLAINTIFF WAS MOVED BACK TO THIS CELL. PLAINTIFF MADE SEVERAL COMPLAINTS WHICH FELL ON DEAF EARS AND WAS FORCED TO OCCUPY THIS CELL WITH A CONTAMINATED FLOOR FOR 2 TO 3 WEEKS UNTILL I WAS MOVED TO COYOTE RIDGE COR. CT.

PLAINTIFF RESERVES THE RIGHT TO AMEND HIS COMPLAINT AT ANY TIME AND MAIL AMENDED MATERIALS TO THE DEFENDANT.

SUBMITTED



PAUL MARKS

CRCC

1301 N. EPHRATA AVE

(3)

CALIFORNIA 90076 2-4-17

MC POOP

PRAYER AND SUBMITTALS

PLAINTIFF PRAYS FOR THE FOLLOWING

1. \$1,000 PER DAY PLAINTIFF WAS FORCED TO
OCCUPY THE CONTAMINATED CELL. 18 DAYS
2. PUNITIVE DAMAGES IN THE AMOUNT OF \$100,000
SO DOC WILL NOT ENGAGE IN THE AFORE MENTIONED
ACTIVITY
3. ATTORNEY FEES TO BE SET BY THE COURT
4. ANY ORDER THE COURT DEEMS JUST

DATED 3-4-17

Paul Marks

SIGNATURE

PAUL MARKS

PRINTED NAME

POOP MC

<u>SUPERIOR</u> Court of Washington For <u>GRAYS HARBOUR COUNTY</u>	
<u>PAUL MARKS</u> Petitioner/Plaintiff,	No. <u>17-2-00050-3</u> Motion and Declaration For Waiver of Civil Fees and Surcharges (MTAF)
<u>DEPT. OF CORR.</u> Respondent/Defendant.	

I. Motion

- 1.1 I am the ☒ petitioner/plaintiff ☐ respondent/defendant in this action.
- 1.2 I am asking for a waiver of fees and surcharges under GR 34.

II. Basis for Motion

- 2.1. GR 34 allows the court to waive "fees or surcharges the payment of which is a condition precedent to a litigant's ability to secure access to judicial relief" for a person who is indigent. As outlined below, I am indigent.

Dated: 3-4-17

Paul Marks
Signature of Requesting Party

PAUL MARKS
Print or Type Name

III. Declaration

I declare that,

POBP MC

3.1 I cannot afford to meet my necessary household living expenses and pay the fees and surcharges imposed by the court. Please see the attached Financial Statement, which I incorporate as part of this declaration.

3.2 In addition to the information in the financial statement I would like the court to consider the following:

☒ (Check if applies.) I filed this motion by mail. I enclosed a self-addressed stamped envelope with the motion so that I can receive a copy of the order once it is signed.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) CONNELL, (state) WA on (date) 3-4-17.

Paul Marks
Signature

PAUL MARKS
Print or Type Name

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POOP MC

Case Name: PAUL MARKS V. DOL Case Number: 17-2-00050-3

Financial Statement (Attachment)			
1. My name is: <u>PAUL MARKS</u>			
2. <input type="checkbox"/> I provide support to people who live with me: How many? _____ Age(s): _____			
3. My Monthly Income:		6. My Monthly Household Expenses:	
Employed <input type="checkbox"/> Unemployed <input checked="" type="checkbox"/>		Rent/Mortgage:	\$
Employer's Name:		Food/Household Supplies:	\$
Gross pay per month (salary or hourly pay):	\$	Utilities:	\$
Take home pay per month:	\$	Transportation:	\$
4. Other Sources of Income Per Month in my Household:		Ordered Maintenance actually paid:	\$
Source:	<u>U.S. TAGSUMP</u>	Ordered Child Support actually paid:	\$
	\$ <u>133.70</u>	Clothing:	\$
Source:	\$	Child Care:	\$
Source:	\$	Education Expenses:	\$
Source:	\$	Insurance (car, health):	\$
Sub-Total: \$ <u>133.70</u>		Medical Expenses:	\$
<input type="checkbox"/> I receive food stamps.		Sub-Total:	\$
Total Income, lines 3 (take home pay) and 4: \$			
5. My Household Assets:		7. My Other Monthly Household Expenses:	
Cash on hand:	\$ <u>332-</u>		\$
Checking Account Balance:	\$		\$
Savings Account Balance:	\$		\$
Auto #1 (Value less loan):	\$		\$
Auto #2 (Value less loan):	\$	Sub-Total:	\$
Home (Value less mortgage):	\$	8. My Other Debts with Monthly Payments:	
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$		\$ /mo
Other:	\$	Sub-Total:	\$
Total Household Assets:	\$ <u>332-</u>	Total Household Expenses and Debts, lines 6, 7, and 8:	\$
Date: <u>3-4-17</u>	Signature: <u>Paul Marks</u>		

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POOP MC

SUPERIOR Court of Washington For GRAYS HARBOR COUNTY		No. <u>17-2-00050-3</u> Order Re Waiver of Civil Fees and Surcharges <input type="checkbox"/> Granted (ORPRFP) <input type="checkbox"/> Denied (ORDYMT) <input type="checkbox"/> Clerk's Action Required 3.1
<u>PAUL MARKS</u> Petitioner/Plaintiff,	vs. <u>DEPT OF CORR.</u> Respondent/Defendant.	

I. Basis

The court received the motion to waive fees and surcharges filed by or on behalf of the
☒ petitioner/plaintiff ☐ respondent/defendant.

II. Findings

The Court reviewed the motion and supporting declaration(s). Based on the declaration(s) and any relevant records and files, the Court finds:

- 2.1 ☐ The moving party is indigent based on the following: He or she:
- ☐ is represented by a qualified legal aid provider that screened and found the applicant eligible for free civil legal aid services; and/or
 - ☐ receives benefits from one or more needs-based, means-tested assistance programs; and/or
 - ☐ has household income at or below 125% of the federal poverty guideline; and/or
 - ☐ has household income above 125% of the federal poverty guideline but cannot meet basic household living expenses and pay the fees and/or surcharges; and/or
 - ☐ other: _____

POOP MC

2.2 ☐ The moving party is not indigent.

2.3 ☐ Other: _____

III. Order

Based on the findings the court orders:

3.1 ☐ The motion is granted, and

☐ all fees and surcharges the payment of which is a condition precedent to the moving party's ability to secure access to judicial relief are waived.

☐ other: _____

3.2 ☐ The motion is denied.

Dated: _____

Judge/Commissioner

Presented by:

Signature of Party or Lawyer/WSBA No.

Print or Type Name

Date

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SUBMITTALS (POOR)

MC

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HEALTH SERVICES KITE

This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME MARKS		FIRST NAME PAUL		
DOC NUMBER 321696	FACILITY SCCC	UNIT/CELL 1MU 05	DATE 17-3-16	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☒ OTHER: MALONE R.N.

REASON FOR REQUEST (list problem or medications needing refill) IT'S OBVIOUS YOU DON'T HAVE A COPY OF THE 1MU/SEG HAND BOOK IE PAGE "6" OR YOU WOULDN'T HAD ME REFER TO IT. IT IS SO AMBIGUOUS NO ONE IN THERE RIGHT MIND WOULD INTERPRET IT TO MEAN AFTER A CATASTROPH EVENT LIKE FECAL CONTAMINATED WATER FLOODING A CELL WOULD BE THE RESPONSIBILITY OF THE OCCUPIER TO CLEAN UP THE MESS AS IT FALLS DIRECTLY ON THE STAFF FOR PROPER CLEAN UP TO HEALTH DEPT REQUIREMENTS. THIS IS A PUBLIC BLDG AND THE HEALTH DEPT HAS GUIDELINES ABOUT ISSUES LIKE THIS. JUST TALKED TO SGT. CIRKSEN HE SAYS IT WAS DONE APPROPRIATELY. I TOLD HIM TO PROVE IT AND HE SAID HE WOULD

Paul Marks

OFFENDER SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

I'VE GIVEN HIM THE OPPORTUNITY.

RESPONDER signature and stamp (all copies)

DATE and TIME

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Offender keeps
 Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Offender with Response

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

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Department of
Corrections
WASHINGTON STATE

POOP # 17-2-00050-3

MC

HEALTH SERVICES KITE

This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>MARKS</u>		FIRST NAME <u>PAUL</u>		
DOC NUMBER <u>321698</u>	FACILITY <u>SCC</u>	UNIT/CELL <u>1MU 05?</u>	DATE <u>11-1-16</u>	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL ☐ DENTAL ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

2ND NOTICE, ON SUN 10-29-16 I TOOK A BM, FLUSHED THE TOILET IT AUSE FLOWED SPREADING FICAL WATER ALL OVER THE FLOOR ALONG WITH FICAL MATTER. 1MU PORTERS WERE DISPATCHED, I WATCHED AS THEY HAD ONLY 1 MOP BUCKET AND PROCEEDED TO MOP UP THE FICAL MATTER + WATER, NEVERING EMPTYING THE MOP BUCKET NOR DID THEY SANITIZE THE FLOOR. I CAN SEE REMNANCE OF THERE 1/2 ASSED WORK ON THE FLOOR WILHIE THE WALL MEETS THE FLOOR. HOW LONG AM I GOING TO BE UNDER THESE CONDITIONS? IF IT WAS

Paul Marks
OFFENDER SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

YOUR HOUSE I'M SURE YOU WOULD SANITIZE THE FLOOR!!
SEE PREVIOUS NOTICE TO "OTHER".

You may request cleaning gear per the Offender Handbook on 1MU/SEG.
You may also discuss this with the unit staff.

RESPONDER signature and stamp (all copies) <u>Konaton Rv</u>	DATE and TIME <u>11/2/16 0800</u>
---	--------------------------------------

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Offender keeps
Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Offender for response

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law

RECEIVED
NOV 02 2016
13



This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

POOP # 17-2-000 50-3
MAC

HEALTH SERVICES KITE

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>MARKS</u>		FIRST NAME <u>PAUL</u>		
DOC NUMBER <u>321696</u>	FACILITY <u>SCCC</u>	UNIT/CELL <u>1MU</u>	DATE <u>10-29-16</u>	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

☐ MEDICAL ☐ DENTAL ☐ MENTAL HEALTH

☐ MEDICATION REFILL - List medication(s) with prescription number(s) or place sticker below

☐ OPTOMETRY

☒ OTHER: HEAD OF MEDICAL DEPT OR SANITIZATION DEPT.

REASON FOR REQUEST (list problem or medications needing refill) TODAY 10-29-16 AT

SEE
BELOW

APPROX 7:00 PM I TOOK A BM AND THE TOILET OVER FLOODED WITH FECAL WATER GOING ALL OVER THE FLOOR. 2 CO'S TOOK ME TO THE SHOWER AND I SAW THE FOLLOWING: (CO. JOHN DOE 1 + JOHN DOE 2) WATCHED THE PORTER MOP THE FLOOR, NEVER USING CLEANSER, JUST THE FECAL INFESTED WATER. THEY USED NO DISINFECTANT OR ANY TYPE OF BLEACH OR ANTI-BACTERIAL SANITIZER OR ANY TYPE. THEY JUST MOPPED UP THE FECAL WATER, PUTTING THE MOP IN THE MOP BUCKET AND DID THIS OVER AND OVER. I HAVE BEEN MOVED BACK INTO THE SANITIZATION, WET FLOOR WITH FECAL WATER AND CONTAMINATED AIR.

Paul Marks

OFFENDER SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

☐ Schedule within _____ days/weeks/months ☐ Next available sick call ☐ No visit required

I AM BEING EXPOSED TO FECAL CONTAMINATION AND A HEALTH RISK. MINIMUM THE CELL SHOULD HAVE BEEN BLEACHED BEFORE REUSE. CO'S NAMES ARE CO. MOSSES + CO. SHERMAN

You may request cleaning gear per the Offender Handbook - HHS/SCS. You may also discuss this issue with the unit sgt.

RESPONDER signature and stamp (all copies)

DATE and TIME

J. Malone RN

11/2/16 0800

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

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Distribution upon completion: **WHITE** - Health Record, **YELLOW** - Return to Offender with Response

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

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OCT 31 2016

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LOG I.D. NUMBER/NUM. DE REGISTRO

16621307



OFFENDER COF Y

17-2-00050-3

LEVEL I - INITIAL GRIEVANCE
NIVEL 1 - QUEJA INICIAL

Name: Last NOMBRE: APELLIDO Marks	First PRIMERO NOMBRE Paul	Middle 2DO NOMBRE	DOC Number NUMERO DOC 321696	Facility/Office FACILIDAD SCCC	Unit/Cell UNIDAD/CELDA FNA05
--	--	----------------------	---	---	---

PART A - INITIAL GRIEVANCE/PARTE A - QUEJA INICIAL

Date Typed 11/8/16

Date Due

I WANT TO GRIEVE / QUIERO QUEJARME DE: On 10-29-16 I took a shit and the toilet overflowed spilling shit water all over the floor. They called IMU porters and they cleaned up the mess by morning the using the same water mopen again. They did this over and over again. Never changing the water in the bucket. Did not sanitize the floor which in any place would be required. I watched it all take place. I can't wait for you investigating response. What should I do? Call the health dept but I don't have there phone number or there address.

SUGGESTED REMEDY / REMEDIO SUGERIDO: Clean the floor right then sanitize the floor!.

/s/ D. Dahne

11/8/2016

/s/ Paul Marks

11/8/2016

Grievance Coordinator Signature

Date

Grievant Signature

Date

FIRMA DE COORDINADOR DE QUEJAS

FECHA

FIRMA DE QUEJANTE

FECHA

PART B - LEVEL I RESPONSE / PARTE B RESPUESTA PRIMER NIVEL

Your complaint has been investigated and it has been concluded that sanitizer is added to the mop water. It has also been confirmed that you are able to receive cleaning gear on a regular schedule to clean and sanitize your cell. No further action will be recommended at this time.

D. Dahne

Grievance Coordinator Signature
COORDINADOR DE QUEJAS

11/14/16

Date
FECHA

You may appeal this response by submitting a written appeal to the Coordinator within five (5) working days from date this response was received.
Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de cinco (5) días de trabajo de la fecha en que esta respuesta fue recibida.

A05



OFFENDER COPY

LOG I.D. NUMBER

11A21307

POOP
17-2-00050-3

MC

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial ☐ Emergency ☐ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name MARKS	First PAUL	Middle DAVID	DOC Number 321696	Facility/Office SCCC	Unit/Cell 1MU 05
COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.					
MAILING ADDRESS: STREET OR P.O. BOX			CITY, STATE	ZIP CODE	TELEPHONE

COMPLAINT: ON 10-28-16 I took a SHIT AND THE TOILET OVERFLOWED SPILLING SHIT WATER ALL OVER THE FLOOR. THEY CALLED 1MU PORTERS AND THEY CLEANED UP THE MESS BY MOPING THEN USING THE SAME WATER. MOPED AGAIN. THEY DID THIS OVER AND OVER AGAIN. NEVER CHANGING THE WATER IN THE ~~POOP~~ BUCKET. DID NOT SANITIZE THE FLOOR WHICH IN ANY PLACE WOULD BE REQUIRED. I WATCHED IT ALL TAKE PLACE. I CAN'T WAIT FOR YOUR INVESTIGATING RESPONSE. WHAT SHOULD I DO? CALL THE HEALTH DEPT. BUT I DON'T HAVE THEIR PHONE NUMBER OR THEIR ADDRESS.

SUGGESTED REMEDY: CLEAN THE FLOOR RIGHT THEN SANITIZE THE FLOOR!

Mandatory

Signature *Paul Marks*

Date 11-2-16

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____.
☐ Administratively Withdrawn _____.
☒ The formal grievance/appeal paperwork is being prepared.

Facility/Office

SCCC 1mu

Date Received

11/8/16

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting needed. (See below.)
 Return within 5 working days or by: _____.
☐ No rewrite received _____.
☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Answer I 11/8/16

Coordinator's Name (print)

D. Dahne CSIII

Coordinator's Signature

[Signature]

Date



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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME MARKS		FIRST NAME PAUL		
DOC NUMBER 321696	FACILITY SCC	UNIT/CELL 111U 05	DATE 11-2-16	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER:

REASON FOR REQUEST (list problem or medications needing refill)

#1. TO: MALONE RN, I DON'T MEAN TO NITPICK BUT AFTER A EVENT LIKE THE ONE THAT HAPPENED TO ME, ITS NOT MY JOB TO CLEAN UP IN A WAY ACCEPTABLE TO THE HEALTH DEPT. THAT FALLS ON THE STAFF. I'M NOT A HOUSE CLEANER. IT SHOULD HAVE BEEN DONE RIGHT THE FIRST TIME. I STILL RESIDE IN THE FICAL KITCHEN ENVIRONMENT. #2 DOES ANYONE HAVE THE GUTS TO STEADFORWARD AND ACCEPT RESPONSIBILITY FOR THIS HAPENING MY ORG. REQUEST FOR HSR UPLIFT? IUL P.S. IN

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for simple prescription refills, financial, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues.

☐ Schedule within days/week
 ☐ Non-schedule
 ☐ No

IMU ~~SENSE~~ 10-11-16 FOR SOMETHING I DIDN'T DO. YOU, WHO EVER YOU ARE, ARE RESPONSIBLE FOR THE MENTAL ANGUISH AND RETALIATION COURT AND INTENTIONAL INFLECTION OF EMOTIONAL/PSYCH PAIN PERTRATED ON ME FOR NO REASON EXCEPT FOR MY BLUNDER. DRESS [#1 I DO NOT HAVE A IMU HANDBOOK AS IT WAS CONTAMINATED AND THROWN AWAY!! I'D ASK FOR ONE

Noted.

RESPONDER signature and stamp (all copies)

DATE and TIME

K. M. COLE, RN

11/3/16 6:00

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

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DEC 15 2016

17-2-00050-3

12-10-16

MC

G. H. Co. Health & Social Svcs.

~~12-10-16~~ : GRAYS HARBOUR COUNTY HEALTH DEPT

2109 SUMNER AVE

ABERDEEN, WA 98520

FROM: PAUL MARKS 321696 EB 26 L

CRCC

1301 EPHRATA AVE

CONNELL, WA 99326

DEAR SIR OR MA'AM

ON SUNDAY 10-29-16 I TOOK A BOWEL -
MOVEMENT AND THE TOILET OVER FLOWED AND FECAL
CONTAMINATED WATER AND MATTER ITS SELF FLOODED
THE FLOOR.

WILL YOU PLEASE SEND ME THE PROCEDURE FOR
A PROPER CLEAN UP AND ~~RECON~~ DECONTAMINATION
PROCEDURE

THANK YOU

Paul Marks

(18)

(7)

END

17-2-00050-3



Grays Harbor County
Public Health and Social Services Department

PEARSALL BUILDING
2109 SUMNER AVENUE, ABERDEEN, WA 98520

PHONE: (360) 532-8631
TDD: (360) 532-8657

FAX: (360) 533-6272
FAX: (360) 533-1983

ROOP MC

December 16, 2016

Franklin County Health Department
W. Okanogen Pl
Kennewick, WA 99336

Re: Coyote Ridge Corrections Center Inmate Letter

Dear Sir or Madam:

Enclosed please find a letter regarding Coyote Ridge Correction Center in Connell, WA. We do not have jurisdiction over this matter in Grays Harbor County, thus we are forwarding it to you. Thank you.

Sincerely,

Karolyn Holden

Karolyn Holden, Director
Public Health and Social Services Department

Enclosure

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5 OVER

#17-2-00050-3



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mc

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Emergency Preparedness and Response

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Cleaning Up a Sewage Spill

[Other languages](#)

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• [Somali](#)

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• [Vietnamese](#)

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OVER

#17-2-00050-3

This document was produced in cooperation with the
Emergency Management Division of the Washington State
Military Department.

Fires in the Home

Floods

Floods: Cleaning a
Basement

Generator Use During a
Power Outage

Germs: Prevent Their
Spread

Hot Weather Safety

Home Emergency
Preparedness

Hypothermia

Landslides and Mudflows

Medical Needs: Disaster
Tips

Medication Distribution
During an Emergency

Mobility Disabilities:
Disaster Tips

Out-of-Area Contacts

Pandemic Flu

Pets and Emergencies

Pneumonic Plague

Poisoning

Power Outages

Psychological and
Emotional Needs

Sewage Spills: Cleaning
Them Up

Shelter in Place

Smallpox

Smartphone

Thorough cleaning of indoor sewage spills is necessary to
protect people -- especially small children -- from harmful
bacteria and viruses. Clean-up should begin as soon as
possible to reduce the risk of exposure to sewage.

Clean up tips:

- Keep children and pets out of the area until clean-up has been completed.
- Wear rubber gloves and boots. Use eye protection.
- Wash your hands thoroughly and launder clothes separately after completing the clean-up.
- Remove all furniture, loose rugs, and so on from the area.
- Saturated wall-to-wall carpeting (and the pad) usually cannot be adequately cleaned. They should be removed, wrapped in plastic, and taken to a transfer station or sanitary landfill. If you decide to keep the carpeting, hire a licensed carpet cleaning company to steam clean and disinfect the carpet.
- All hard surfaces, such as linoleum, hardwood floors, concrete, wood moldings, wood, and metal furniture, and on should be thoroughly cleaned with hot water and a mild detergent (dish detergent), and then rinsed with a bleach solution by mixing one tablespoon of liquid household unscented bleach to one gallon of water. Let the surface air dry.
- Upholstered furniture, loose rugs, drapery, and so on should be professionally cleaned. Notify the cleaner of the problem.
- Remove and replace plaster, plasterboard, and lath that have been saturated and are soft to the touch. If the surface has been wetted, clean as you would a hard surface, but do not saturate the plaster.
- Clean sinks, dishwashers, and other plumbing fixtures that have had sewage back-up with detergent, and then rinse with the bleach solution.

② NEXT PAGE

17-2-00050-3

MC

Terrorism

Tsunamis

Tularemia

Turning Off the Utilities

Vehicle Preparedness

Viral Hemorrhagic Fevers

Visual Disabilities:
Disaster Tips

Volcanoes

Water Purification

Water Sources

Wildfires

Windstorms

Water Heaters (How to
secure them)

Floods

Get Ready

Power Outages

Publications

- Disinfect clean-up mops, brooms, and brushes with the bleach solution.
- Prevent mold growth and reduce odors by increasing air circulation — open all windows and doors. The use of fans and heaters may speed this process.

You can clean undamaged canned food:

1. Remove labels
2. Wash with a scrub brush in a detergent solution (use washed cans as soon as possible because they will rust)
3. Rinse in clean water
4. Sanitize by:
 - Boiling for 10 minutes, (Do not boil cans of carbonated beverages), or
 - Immersing cans in bleach solution for 15 minutes
5. Re-label with marker or grease pencil

Discard

- Sealed food items
- Home canned foods
- Food items packaged in paper or cardboard
- Unpackaged foods such as fruit, potatoes, squash

DOH Publication 821-015
Revised - September 2007
Reviewed annually

Contact Us

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- General Information:
 - [Email](#)
 - 800-525-0127
 - TTY Users dial 711

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③ OVER

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Poor

- [Access Washington](#) 
- [Contact our Web team](#)

- [Health Education Resource Exchange](#) 
- [Publication List](#)

on request. To submit a request, please
contact: [Web Management Team](#)

#17-2-00050-3

④ NEXT PAGE

(A)

MC

1-8-17

DEAR COURT CLERK.

PLEASE GIVE A CASE NUMBER AND
RETURN TO MR AT: PAUL MARKS 321696 EB26L
COYOTE RIDGE CORR. CNT. 1301 N. EPHRATA AVE.
CONNELL, WA. ~~99~~ 99326

ALSO: I SENT TO THE PRESIDING JUDGE SOME
MATERIALS THAT MAY BE FLOATING AROUND THE
COURT HOUSE. COULD YOU PLEASE SEE IF YOU CAN
~~FOR~~ FIND THEM AND RETURN THEM ALSO

THANK YOU

Paul Marks

JAN 24 2016

Case No. 17-2-00050-3

NO further documents were found.

22

(3)

THURS 10-26-16 STILL AT IMU 18th RETALIATION SACK
 FRI - 10-27-16 - " " " 19th " SACK
 SAT - 10-28-16 " " " 20th " JACK GIRL AM
 SUN - 10-29-16 " " " 21st " 7:00 AM & DINNER DIDN'T EAT BREAKFAST

TO DAY SUNDAY 10-29-16 AT APPROX I TOOK A BATH AND
 THE toilet OVER FLOWED WITH FECAL WATER GOING ON THE FLOOR.
 I NOTIFIED A PERSON AT THE OTHER END OF THE EMERGENCY
 CALL BOX. A CO WANTED TO GIVE ME A PLUMBER AND TOWEL
 AND CLEAN IT UP. I TOLD HIM I WASN'T A PLUMBER
 THE FECAL WATER TOUCHED MY SHOWER SHOES AND BLANKETS.
 THEY (2) CO TOOK ME TO THE SHOWER AND HAD ~~PLUMBER~~

PORTERS CAME CLEAN UP THE MESS. 2 CO'S WATCHED
 NAMED MOSES + SHERMAN. I WATCHED FROM THE
 SHOWER. FROM WHAT I COULD SEE THE PORTERS MOVED
 THE FLOOR WITH THE FECAL WATER NEVER CHANGING THE
 WATER NOR USING ANY DISINFECTANT. JUST WIPED THE
 FLOOR USING THE DIRTY WATER. I WAS MOVED BACK INTO
 THE SAME CELL, THE FLOOR WAS STILL WET AND
 AM BREATHING THE FECAL CONTAMINATED AIR. WHAT
 ARE THE HEALTH RISKS? I'M TOTALLY FREAKED OUT BY THE
 CONTAMINATION AND BREATHING THE AIR. THIS EVENT
 WAS OBSERVED BY PULL LEE NURSE

MON - 10-30-16 STILL IN IMU - NO END IN SIGHT NO MOSES SHERMAN
 22ND RETALIATION PROPER CLEANING OF FLOOR - BREAKFAST + LUNCH SERVED IN
 1ST KITE BAG EXPOSED TO FECAL AIR OR WHATEVER CONTAMINATION
 FECAL EXISTS KITED HEAD OF MEDICAL AND ON HEAD OF CONTAMINATION
 DEPT IF THERE IS ONE - WONDER ABOUT NEXT VICTIM OF
 THIS CELL NOT KNOWING THAT SHIT WATER WAS ON FLOOR
 AND NOT CLEANED UP PROPERLY NOR SANITIZED.
 DINNER - GIVEN SACK ROTIN BANANA EVERY MEAL ROTEN
 BANANA. KITE ~~ROD~~ PERDUE KITCHEN MAR
 STILL AT IMU TAYLOR FOOD SERVER - NO SAC
 BROWN HILL EVE FOOD SERVER PREA PERSON AND NOTICE SEAT FLOOR
 VIA MED KITE 9:45

FECAL & DAY
 TUE 11-16
 23RD RETALIATION
 KITE

(4)

FICAL

WED 11-2-16
24th RETAL
FICAL 3rd DAY

STILL IN MU CO LADY WONT TALK TO ME ABOUT YARD OR TIME OF USE. JUST WALK AWAY SAYING I ALREADY TALKED TO YOU ABOUT WHAT HER NAME IS ROBERTS COME ~~COME~~ HERE MR MARKS AND GET YOUR FOOD - TAYLOR LUNCH DINNER STILL FED TO ME ~~LET~~ FICAL MATTER ON FLOOR. SENT MEDICAL KIT TO SUPERINT. ALSO DID CONSEQUENCE ASKED FOR NEW HAND BOOK PER MAJOR RM. SAID HE TELL SGT.

THU 11-3-16
25th RETAL
FICAL 4th DAY

STILL IN MU - CONDITION SAME AS OF 6:30 AM AT 7:00 AM TOLD SGT WELLS ABOUT HAND BOOK SAID HE WILL GIVE ME ONE WHEN HE GIVES IT TO ME. 11:00 AM ASKED AGAIN FOR HAND BOOK, NOW GIVEN HAND BOOK AT APPROX 12:30 PM. READ CELL STANDARDS + SANITATION 5 TIMES MAKES NO MENTION OF CATASTROPHIC EVENTS NOR DOES IT REQUIRE INMATES TO DEAL WITH THIS TYPE OF EVENTS ESP AGAINST THOSE WILL. THAT WOULD BE SLAVERY OUTLAWED IN THE MID 1850'S JUST HAD A CON. WITH CO SHIP I'M RESPONSIBLE SGT WILL BE ON DUTY THIS EVENING THEN RAN AWAY NOT ANSWERING MY QUESTION ABOUT WHO'S TO CLEAN UP MESS CO CRANE SAID SGT WILL BE AROUND SOON HA HA TALKED TO ^{CO} MCGINISS SAID HE TOLD SGT THAT I WANTED TO TALK TO HIM + THEN LEFT TALKED TO SGT ECKERSON SAID IT WAS DONE RIGHT. I TOLD HIM TO PROVE ME WITH PROOF. HE SAID HE WOULD. I'LL GIVE HIM THE CHANCE. A FEW DAYS

2:30
FICAL 5th DAY
↓
FRI 11-4-16
26th RETALATION

STILL IN MU NO ENT IN SIGHT - GOT STATEMENTS - SO WHAT.

SAT 11-5-16
27th RET
SUN 11-6-16
7th DAY
FICAL

STILL IN MU - NOTHING SPECIAL HAPPENED 6th DAY FICAL

STILL IN MU NO LUNCH CO RAN PAST MY DOOR NOT ~~GIVE~~ GIVING ME A CHANCE TO GET TO BEAN HOLE - WAS STANDING GOING TOWARDS DOOR WHEN THEY RAN PAST CO ROBERTS ^{LADY} + CO CROW FOOD SERVERS 12:00 WHEN HAPPENED - CLOCK TURNED BACK TO 11:00 ^{AM} (BREN COUCHING IS IT FLOOR RELATED?) ASKED LADY CO WHAT HER NAME IS SHE SAID "YOU ALREADY KNOW MY NAME AND WALKED AWAY"

MON 11-7-16
8 DAY
FICAL

STILL AT MU NO ENT IN SIGHT - JUST HAD A INTERESTING EXP. I WENT TO A MEETING WHICH WAS SUPPOSEN TO BE ABOUT THE MONKEY SCENE AND LOU AND BEHOLD THE INVESTIGATOR WAS SCHREIBER

(5)

FICAL

SAT 11-12-16 COUGH 3:28 PM ISSUES PAUSE 23 SEC BAD TAST LAST
10 DAYS FICAL
SEVERAL DAYS, THROT FICAL FLOOR? CHEST ACHS

* SEVERAL DAYS AGO A CURIOUS THING HAPPENED
CO BROHILL WAS LOOKING IN MY ROOM. I WENT TO
THE DOOR AND SHE WAS STANDING TO THE SIDE. WHEN
I SAW HER SHE SEEMED SURPRISED. SHE ASKED ME
A DUMB QUESTION ABOUT WHAT SIZE SHIRT I WORE
I OPENED MY JUMP SUIT SHE SAID 2X AND LEFT. MY
SHIRT HAS NO SIZE ON IT. IS THIS PART OF THE PREA?

SUN 11-13-16 still IMU ~~IMU~~ SKIRT TIL OR SHOULD I SAY I LAYED THEM
11-DAYS FICAL
UNTIL 3:45 NO CATCHING YET SAME ROOM

MON 11-14-16 still IMU - 12 DAYS FICAL FLOOR - Sent KITE
12 FICAL
LAST NIGHT. I TO RALIGHT I TO DR SMITH TRYING TO
GET NURSE AND ASKING IF POSSIBLE TO ANSWER "YES"
WHEN HAVING SEIZURE. IT 7:30 HAD A HEARING. THOMAS
AND OTHERS WERE THERE. SENT HER KITE. AT HEARING
SHE DENIED THE ACCUZATIONS I MADE TO HER ALSO
HARD FORM CLAS HEAR NOTICE SAYS "I MAY SUBMIT A PUBLIC
DISCLOSURE REQUEST TO OBTAIN A COPY OF THE RECORDS USED IN YOUR
CLASSIA PROCESS

TUE 11-15-16 still IMU 2 COUGH EPISODES YESTERDAY D. HAT NOT TIME
3 FICAL
TODAY OK SO FAR

WED 11-16-16 still IMU WENT TO LOOK AT MEDICAL RECORDS TO COLD
4 FICAL.
ALSO HAD ANOTHER MEETING WITH WHO ELSE SCITISIBER
ABOUT SOMETHING. DIDN'T SAY WHAT IT WAS. I CALLED HIM
LIER ECT ABOUT YES STATEMENT

THU 11-17-16 still IMU SAC LUNCH WAITING FOR MAIL NOW
15 FICAL 30 DAYS IMU

HOLLY

MON 11-7-16
21 DAYS
CONT.

WE HAD A SHOUTING MATCH ABOUT THE YES STATEMENT ON THE INFRACTION REPORT AND HE DENIED EVERYTHING AND LEFT THE ROOM. A SGT THORN HILL SAID HE KNEW HIM FOR YEARS THAT HE WAS A LIE AND COULD NOT BE TRUSTED PROBABLY A JOKE ON ME.

HEALTH 9 DAYS
DEPT. BM
9 DAY FICAL?

11-8-16 12:30 AM CANT SLEEP ITS 22 DAYS HOLLY VERY UP SET ABOUT YESTERDAYS EVENT WITH SCHUBER UP HILL BATTLE NEVER GIVE UP

TUE 11-8-16
10 DAY FICAL

STILL IN IMU HAVE HAD SOME COUGHING SPELLS AND TIGHTING OF CHEST IS IT RELATED TO FICAL FLOOR? ITS BEEN 10 DAYS SINCE OVERFLOW MAIN LINE 1045?

WED 11-9-16
11 DAY FICAL

STILL IN IMU JUST WAS NOTIFIED OF HEARING. RANG APOV COURT THAT IS. HAD HEARING - DISMISSED PEE INFRACTION GUILTY OF "YES" SERVED PAPER CLOSED CUSTODY

THURS 11-10-16
12 DAY FICAL

~~STILL~~ DID APPEAL STILL IN IMU GOING TO CLOSED CUSTODY? DID KITE TO L'HEAUX RECONSIDER KITE TO DR SMITH.

FRI 11-11-16
13 DAY FICAL

NO MAIL RETURNED KITE DR SMITH KITS L'HEAUX YET ITS ONLY 12:00 TO DAY IS THE 13 DAY LIVING IN THIS CONTAMINATED CELL FOR THE PAST SEVERAL DAYS I HAVE BEEN COUGHING AND CHEST PAIN. TIGHTING TYPE CHEST PAIN. NO PROOF OF PROPER CLEANING FROM 13 DAYS AGO NOTHING FROM SGT EIRKSON AS HE PROMISED. HIS PROMIS WAS ON 11-3-16 GAVE HIM PLATY OF TIME. WILL DOC 2 ATIMZ I HAVE COUGHING SPELL. ITS HAPPENED SEVERAL TIMES IN PAST FEW DAYS BUT NOW I WILL DOC EXACT TIME AND # OF MIN. I COUGH SO FAR 12:48 PM 1 MIN 45 SEC. TIMER CLOCK AND 3:30 + 1 MIN 10 SEC POD CLOCK

SAT 11-12-16

STILL IN IMU DID APPEAL APOVEM COUGH 8:25 1/2 MIN AM

(6)
FICAL

FRI-11-18-16

16 DAYS FICAL LATER TOLD I'M MOVING LOOKING FOR SHOES
GOT MAIL 142 USC § 1983 - NOT WHAT I WANTED DATE ON
KITE IS 11-15-16 ASKED FOR STATE ALSO GIVEN TORT PKG.
WROTE LETTER TO PRESIDING JUDGE MONTEJANO GRAYS COURT HOUSE
DID NOT GET LETTER RETURNED SO NOW WHAT. NOT FILLING 1983
2 REASONS 1 - \$350 2. PROBABLY FILE STATE COURT. CHECK WITH
ATT FOR PROPER COURT. GOT PUB DISC INTERESTING

SAT 11-19-16

SAME OLD SAME OLD

SUN-11-20-16

" " " " SAW NURSE IT TOOK > GOT SHE IS NURSE MALONE

18 DAY'S FICAL

TRYING TO TALK TO HER. IT'S LUNCH SHE WOULDN'T TALK TO ME.
WALKED AWAY BLAMED DR SMITH WHO UPDATED HSR
2 WEEKS AGO

11-21-16

LEFT IMU GOING TO SHELTON DOWN WITH LOG

MOUTIT

MC

3-4-17

FROM: PAUL MARKS 321696 EB 26 L

CRCC

1301 N. EPHRATA AVE

CONNELL, WA. ~~98~~99326

TO: GRAYS ~~COUNTY~~ HARBOUR County CLERK

102 W. BROADWAY Room 203

MONTESANO, WA 98563

DEAR COURT CLERK,

ENCLOSED YOU WILL FIND A SUMMONS, COMPLAINT
AND PRAYER FOR CASE # 17-2-503.

PLEASE CHECK TO SEE IF I DID EVERYTHING
RIGHT AND RETURN TO ME FOR SERVICE

THANK YOU

Paul Marks

6

SUPERIOR COURT OF WASHINGTON FOR GRAYS HARBOR COUNTY

PAUL MARKS

Plaintiff,

v.
DEPT OF CORR - C.O. JURESEN

Defendant.

No: 17-2-50-3

DEFAULT JUDGEMENT MOTION

AND PLEADING

COMES NOW THE PLAINTIFF AND MOVES THE COURT FOR A DEFAULT JUDGEMENT FOR THE FOLLOWING REASONS: 1. DEFENDANTS WERE SERVED A COPY OF THE SUMMONS VIA SUBSTANTIAL SERVICE ON 5-4-17. ALSO WITH THE SUMMONS THE COMPLAINT WAS ALSO SERVED. 2. MORE THAN 30 DAYS HAS ELAPSED AND NO ANSWER HAS BEEN FILE WITHIN THE 30 DAYS. AS A MATTER OF FACT, 80 DAYS HAVE ELAPSED SINCE SERVICE. PLAINTIFF HAS GIVEN THE DEFENDANTS MORE THAN ENOUGH TIME TO ANSWER THE SUMMONS AND COMPLAINT.

THE SUMMONS AND COMPLAINT WAS FILED IN THE GRAYS ^{HARBOR} COUNTY COURT TO ESTABLISH VENUE

MOUTH

MC

FILED
GRAYS HARBOR COUNTY
C. BROWN, CLERK

2017 JAN 24 PM 1:25

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR GRAYS HARBOUR COUNTY

PAUL MARKS

Plaintiff,

v.

DEPT. OF CORR. + C.O. JURESON

Defendants.

Case No.: 17-2-50-3

SUMMONS [20 Days]

TO THE DEFENDANT: A lawsuit has been started against you in the above-entitled court by PAUL MARKS, plaintiff. Plaintiff's claim is stated in the complaint, a copy of which is served upon you with this summons.

In order to defend against this lawsuit, you must respond to the complaint by stating your defense in writing, and by serving a copy upon the person signing this summons within 20 days after the service of this summons, excluding the day of service, or a default judgment may be entered against you without notice. A default judgment is one where the plaintiff is entitled to what he asks for because you have not responded. If you serve a notice of appearance on the undersigned person, you are entitled to notice before a default judgment may be entered.

mouth MC

You may demand that the plaintiff file this lawsuit with the court. If you do so, the demand must be in writing and must be served upon the person signing this summons. Within 14 days after you serve the demand, the plaintiff must file this lawsuit with the court, or the service on you of this summons and complaint will be void.

If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your written response, if any, may be served on time.

This summons is pursuant to rule 4 of the Superior Court Civil Rules of the State of Washington.

Signed on this 8th day of JAN. 2017, ~~2018~~

Paul Marks
Signature

PAUL MARKS 321696
Printed Name DOC#

~~STAFFORD CREEK CORRECTIONS CENTER~~
~~191 CONSTANTINE WY~~
~~ABINGDON, WA 98520~~

COYOTE RIDGE CORRECTION CENTER
1301 N. EPHRATA AVE.
CONNELL, WA 99326

(2)

MOULTON ML

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR GRAYS HARBOR COUNTY

FILED
GRAYS HARBOR COUNTY
C. BROWN, CLERK
2017 JAN 24 PM 1:25

PAUL MARKS

PLAINTIFF,

v.

DEPT OF CORR. & C.O. JURESON

DEFENDANTS

CASE # 17-2-SD-3

JURISDICTION

COMPLAINT

PRAYER

AT ALL MATERIAL TIMES, STAFFORD CREEK CORRECTION CENTER
WAS LOCATED IN GRAYS HARBOR COUNTY.

AT ALL MATERIAL TIMES CORRECTIONS OFFICER ^{JURESON} WAS EMPLOYED
AT STAFFORD CR. COR. CNT. BY THE DEPT. OF CORR.

COMPLAINT: SEE ATTACHMENT (PLAINTIFFS ALLEGATION)

PLAINTIFF PRAYS FOR THE FOLLOWING:

1. \$6,300 FOR PAIN AND SUFFERING
2. ATTORNEY FEES TO BE SET BY THE COURT
3. ANY OTHER ORDER THE COURT DEEMS JUST

DATED THIS 8TH DAY OF JAN. 2017

Paul Marks 321696 EB 26L
PAUL MARKS

4

(3)

mouth

ML

I.

STATEMENT OF CLAIM ATTACHMENT

On Dec 22, 2014, while at lunch, (approx 12:00 PM), I was the last person in the chow hall.

Upon leaving, a Correction Officer (hereafter C/O) Jureson (SP?) was holding the door open. As I was exiting the chow hall, C/O Jureson (SP?) attempted to get the attention of another C/O by flaying his arms and in doing so, Smashed me in the mouth, I was knocked off balance and nearly fell to the ground from the force.


C/O Jureson looked at the injury to my mouth, said I was "OK" and sent me back to my housing unit and I returned to my unit, laid on my bunk, wherein my mouth immediatly began to swell and throb.

I reported the injury to C/O Snorr (SP?), wherein he called C/O Burlay (SP?) and I was escorted to the medical infirmary and was examined by P.A. LIGHT, who looked at the injury to my mouth and said "There is nothing I can do for you, You just have to live with it".... I asked for some pain relief, such as Tylenol 3, but was told that they didnt give tylenol w/ codine for pain.

After 4 or 5 days, the pain and swelling subsided, during this time the pain and swelling made it difficult to eat or sleep.

I make this Statement/Declaration under penalty of perjury under the laws of the State of Washington and swear that the foregoing is true and correct.

dated this 3rd day of September, 2016


Paul MARKS 321696 EB 21

(4)

PAGE 2



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P. O. Box 41129 • Olympia, Washington 98504-1129 • Tel (360) 725-8223
FAX (360) 664-4056

MOUTH
MC

R 2012
2022

~~H3020L~~

~~Unit~~

July 12, 2016

Confidential
Offender Copy

Marks, Paul; DOC# 321696
Stafford Creek Corrections Center
H3020L

Mr. Marks:

I am responding to your appeal of grievance log ID 16611101 dated 06/06/16. The grievance coordinator did not accept your complaint because it was past timelines to file. I concur with that determination.

A review of your grievance history indicates that you did not file a complaint during December 2014 through May 2015 alleging this issue.

According to Page 24 of the Offender Grievance Program Manual, you have twenty (20) working days from the date of the incident to submit a complaint. You are past that timeframe.

Sincerely,

A handwritten signature in black ink, appearing to read "Dale M. Caldwell".

Dale M. Caldwell
Grievance Program Manager

CC: Kerri McTarsney, SCCC Grievance Coordinator
Grievance Log ID 16611101

5

SENT LEGAL MAIL

9-21-16

STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

For Official Use Only

Pursuant to Chapter 4.92 RCW, this form is for filing a tort claim against the state of Washington. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Pursuant to the law, Standard Tort Claim forms cannot be submitted electronically (via email or fax).

PLEASE TYPE OR PRINT CLEARLY IN INK

Mail or deliver original claim to Department of Enterprise Services
Risk Management Division
1500 Jefferson Street SE
MS 41466
Olympia, Washington 98504-1466

Business Hours: Monday – Friday 8:00 a.m. – 5:00 p.m.
Closed on weekends and official state holidays.

1. Claimant's name: MARKS PAUL DAVID
Last name First Middle Date of birth (mm/dd/yyyy)
2. Inmate DOC number (if applicable): 321696
3. Current residential address: 191 CONSTANTINE WAY, ABERDEEN, WA
4. Mailing address (if different): SAME
5. Residential address at the time of the incident: SAME
(if different from current address)
6. Claimant's daytime telephone number: N/A Home N/A Business or Cell
7. Claimant's e-mail address: N/A
8. Date of the incident: 12-22-14 Time: 1200 ☒ a.m. ☐ p.m. (check one)
(mm/dd/yyyy)
9. If the incident occurred over a period of time, date of first and last occurrences:
from N/A Time: N/A ☐ a.m. ☐ p.m.
(mm/dd/yyyy) (mm/dd/yyyy)
to N/A Time: N/A ☐ a.m. ☐ p.m.
(mm/dd/yyyy) (mm/dd/yyyy)
10. Location of Incident: WA ABERDEEN STAFFORD CREEK
State and county City, if applicable Place where occurred
CORRECTION CENTER

11. If the incident occurred on a street or highway:

N/A
Name of street or highway

Milepost number

At the intersection with or
nearest intersecting street

12. State agency or department alleged responsible for damage/injury:

WA. DEPT. OF CORRECTION

13. Names, addresses and telephone numbers of all persons involved in or witness to this incident:

CORRECTION OFFICER JURERSTIN SP?

"

"

Y

6

FLEMING

UNKNOWN

OTHERS

WORK: STAFFORD CREEK CORRECTION CENTER

CO. BURLAY ESC. TO MEDICAL

14. Names, addresses and telephone numbers of all state employees having knowledge about this incident:

SAME AS ABOVE

15. Names, addresses and telephone numbers of all individuals not already identified in #13 and #14 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets if necessary.

P.A. LIGHT, STAFFORD CREEK CORRECTION CENTER

SEE MEDICAL RECORDS

16. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.

SEE ATTACHMENT →

17. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom? Please attach a copy of the report or contact information.

YES

DAY ROOM CORRECTIONS OFFICER (UNKNOWN) Snorr
P.A. LIGHT

18. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

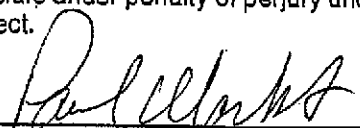
P.A. LIGHT, STAFFORD CREEK
CORRECTION CENTER. 191 CONSTANTINE WAY,
ABERDEEN, WA. 98520

19. Please attach documents which support the allegations of the claim.

20. I claim damages from the state of Washington in the sum of \$ 6,300.00

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.


Signature of Claimant

Or

N/A
Signature of Representative

N/A
Print Name of Representative

9-13-16
Date and place (residential address, city and county)

SCC
191 CONSTANTINE WAY
ABERDEEN, WA 98520 GRAYS HARBOR CO.
Date and place (residential address, city and county)

N/A
Bar Number (if applicable)

Authorization for Release of Protected Health Information (PHI)
to
Department of Enterprise Services, Office of Risk Management

Name: MARKS, PAUL, DAVID
(Last, First, Middle Initial or Middle Name)

Date of Birth: Month ____ Day ____ Year 45

I hereby authorize disclosure of my protected health information to the Department of Enterprise Services, Office of Risk Management (Risk Management) for purposes of processing my claim for damages filed with the state of Washington.

I understand that by signing this document, I authorize the release of the following information:

Complete medical record for all services, including history and physical exam; progress notes; x-ray reports; inpatient admissions; operative notes; physical or other therapy; laboratory and other test reports; physician and physician assistant orders; nursing notes; and all other records and references designated by the provider as part of its medical record.

HIV Test Results and medical information related to HIV testing or treatment

Psychiatric, mental and behavioral health records, including treatment notes, assessments, testing documents and results, and medical records related to mental health diagnosis and treatment

Alcohol assessment, testing, referral or treatment records

All other chemical dependency assessment or treatment records

Pharmacy prescriptions and reports

All letters and memos received or sent, including electronic mail, referencing my treatment, compliance with treatment and any other subject related to my medical treatment

Information related to alleged sexual assault or sexually transmitted disease, including test results

Urgent care, outpatient or other clinic visit information

Gynecological and/or obstetrical information

All client records generated for or by governmental programs of which I am a client. Identify the program(s) and agency: D&C MEDICAL

Financial records related to my care and treatment

I understand the following: (PLEASE READ AND INITIAL ALL STATEMENTS)

RM
Initials

I understand that my records are protected under HIPAA/PHI regulations (federal law) and the Washington State Health Care Information Act (RCW 70.02).

RM
Initials

I understand that my health information may be subject to re-disclosure by Risk Management and not protected for purposes of evaluating and investigating the claim I have filed with the state of Washington.

RM
Initials

I understand that the specific information to be disclosed in my medical record may include information regarding alcohol, drug or other controlled substance use, counseling referrals and/or a history of testing or treatment of acquired immune deficiency syndrome.

RM
Initials

I understand that I may revoke this authorization at any time by notifying Risk Management in writing, and that the revocation will be effective as of the date Risk Management receives it. Any records obtained pursuant to this Authorization for Release of PHI prior to the revocation will be deemed authorized by me for release.

RM
Initials

I understand that this Authorization for Release will expire 90 days from the date I sign it. I can also authorize a different time frame for this release to be valid. This permission is valid until my claim is resolved or closed by RMD.

A Photostat of this Authorization carries the same authority as the original for purposes of releasing my records to Risk Management.

Signature of Authorizing Individual:

Paul D Marks

Date of Signature: *9-13-18*

Telephone number: *N/A*

Witness (where patient is over 13 and signing the release):

Where the signer is not the subject of the records:

N/A

I am authorized to sign this because I am the (attach proof of authority):

- ☐ Parent of minor
- ☐ Legal Guardian
- ☐ Personal Representative
- ☐ Other

To the Provider or Records Custodian:

Please send legible copies of all records to:

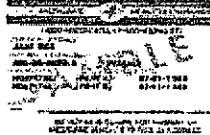
Department of Enterprise Services
Office of Risk Management
1500 Jefferson Street SE
MS 41466
Olympia, WA 98504-1466

MMSEA REPORTING COMPLIANCE DECLARATION

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that oversees the Medicare program. Many Medicare beneficiaries have other insurance in addition to their Medicare benefits. Sometimes, Medicare is supposed to pay after the other insurance. However, if certain other insurance delays payment, Medicare may make a "conditional payment" so as not to inconvenience the beneficiary and recover after the insurance pays.

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a federal law that became effective January 1, 2009, requires that liability insurers (including self-insurers like the state of Washington), no-fault insurers, and workers' compensation plans report specific information about Medicare beneficiaries who have other insurance coverage. This reporting is to assist CMS and other insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly. Please answer the questions below so that we may comply with this law.

Please review this picture of the Medicare card to determine if you have, or have ever had, a similar Medicare card.



Section I

Are you presently, or have you ever been enrolled in Medicare Part A or Part B? UNKNOWN		Yes	No
If yes, please complete the following. If no, proceed to Section II.			
Full Name: (Please print the name exactly as it appears on the SSN or Medicare card if available.)			
PAUL DAVID MARKS			
Medicare Claim Number:		Date of Birth (Mo/Dav/Year)	
		9-13-16	
Social Security Number: (If Medicare Claim Number is Unavailable)		11474	Sex Female Male XX

Section II

I understand that the information requested is to assist the requesting insurance arrangement to accurately coordinate benefits with Medicare and to meet its mandatory reporting obligations under Medicare law.

PAUL DAVID MARKS

Claimant Name (Please Print)

Claim Number

Name of Person Completing This Form If Claimant is Unable (Please Print)

Paul D Marks

Signature of Person Completing This Form

9-13-16

Date

If you have completed Sections I and II above, stop here. If you are refusing to provide the information requested in Sections I and II, proceed to Section III.

Section III

Claimant Name (Please Print)

Claim Number

For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

Reason(s) for Refusal to Provide Requested Information:

N/A

Signature of Person Completing This Form

Date

MULTI



STATE OF WASHINGTON
DEPARTMENT OF ENTERPRISE SERVICES – OFFICE OF RISK MANAGEMENT
1500 Jefferson Street PO Box 41466, Olympia, Washington 98504-1466
(360) 407-9199 www.des.wa.gov

September 30, 2016

Paul Marks 321696
Stafford Creek Corrections Center
191 Constantine Way
Aberdeen, WA. 98520

RE: Tort Claim # 31083124

Dear Mr. Marks:

The Department of Enterprise Services, Office of Risk Management, has reviewed the tort claim filed against the state of Washington on November 30, 2015.

Washington State maintains a public liability fund for payment of tort claims only after there has been a finding of tortious conduct. A tort is committed when the state was under a legal duty to act in a particular fashion, breaches that duty, and you are injured or undergo a loss as a direct result of the state's breach.

A review of the medical records you provided indicates that you were not injured.

Our review does not support a finding upon which to base any payment, as required under Chapter 4.92 RCW. Your tort claim against the state of Washington is respectfully declined.

Sincerely,

Department of Enterprise Services – Office of Risk Management

DATE (m/d/yyyy)	TIME (24-hr)	FACILITY	UNIT	ALLERGIES
12-22-14	1045	SCCC	H5	KNT NKDA
<input type="checkbox"/> Risks/benefits of recommended intervention explained; patient consents				
Brought to medical by custody. Not sick call.				
Vital Signs: BP ¹⁵⁴ / ₁₀₄ HR 76 RR 18 T 98.1 O2 Sat 97% Wt. 9				
One Chief Complaint: Pt states got hit in the				
Referred to Provider today - Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> mouth coming out				
Deferred to PCP for F/U - Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Provider Notified - Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> States on				
Triage Nurses Name <u>K. Lockett</u> (Stamp) <u>K. Lockett</u>				
lip. Severe pain or bleeding to lip, 8 marks, bruises, open areas noted to inside or outside of mouth. Pt states just numb feeling, also has "migraine" from it. Refer to provider K. Lockett				
DATE (m/d/yyyy)	TIME (24-hr)	FACILITY	UNIT	ALLERGIES
<input type="checkbox"/> Risks/benefits of recommended intervention explained; patient consents				
(S) SUBJECTIVE STORY OF BEING				
STROCK BY SOMEONE THIS				
AM, DID NOT LOSE CONSCIOUSNESS.				
HE BEGAN DEVELOP A				
HA AFTER THAT WHEN				
IS SIMILAR TO PREVIOUS				
HAS.				
(D) VS AS ABOVE				
HEENT - PERI NO MALOCCLUSION.				
NO DENTAL TRAUMA SEEN.				
NO CHANGES TO MANDIBULAR /				
TMT MOVEMENT. NO FRONTAL				
<input type="checkbox"/> Risks/benefits of recommended intervention explained; patient consents				
EDEMA, HEMATOMA, ERYTHEMA,				
WOUND, ON PT'S TO PAUL				
NO C-SPINE PAIN OR TENDERNESS				
FULL NECK ROM NOTED				
CHEST - CTA (B)				
CW - PM				
ABD - NO TENDER				
* CONTINUED NEXT PAGE				
S. LIGHT, PA-C				

State law (RCW 70.02; RCW 70.24.105; RCW 71.05.390) and/or federal regulations (42 CFR Part 2; 45 CFR Part 164) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



DOC 410.430 DOC 420.250 DOC 490.850 DOC 610.010
DOC 610.025 DOC 610.040 DOC 610.600 DOC 610.650

PRIMARY ENCOUNTER REPORT

DATE (m/d/yyyy)	TIME (24-hr)	FACILITY	UNIT	ALLERGIES
12-22-14	1045	SLL	HS	NKDA
<input type="checkbox"/> Risks/benefits of recommended intervention explained; patient consents				
* CONTINUED FROM PREVIOUS				
NEURO - CN 2-12 EVIDENT AS TESTED				
NORMAL CEREBELLAR FUNCTION				
AS TESTED. Normal sensation,				
AND X4. Normal vision.				
(AD) (1) HEADACHE - APAP + IBU. HE				
REPEATEDLY REQUESTS NARCOTIC				
PAIN MEDICATION + THIS				
WAS DISCUSSED				

DATE (m/d/yyyy)	TIME (24-hr)	FACILITY	UNIT	ALLERGIES
	(2)	POSSIBLE	Blow TO THE FACE - IT	
<input type="checkbox"/> Risks/benefits of recommended intervention explained; patient consents				
SEEMS THAT THIS WAS LIKELY				
VERY MINOR + MOST LIKELY				
AS ACCIDENT - CUSTOMER				
IS LOOKING INTO THIS. NO				
APPARENT INJURY.				
S. LIGHT, PA-C				

DATE (m/d/yyyy)	TIME (24-hr)	FACILITY	UNIT	ALLERGIES
12/22/14	1915	Soc	HS	NKDA
<input type="checkbox"/> Risks/benefits of recommended intervention explained; patient consents				
To medical for Drug Abs. % migraine T/O Figueroa				
HA, provider notified - W. Judge				
Teradol 60mg				
IM Now				
(AD)				
SCANNED				
LL Figueroa PAC				

State law (RCW 70.02; RCW 70.24.105; RCW 71.05.390) and/or federal regulations (42 CFR Part 2; 45 CFR Part 164) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

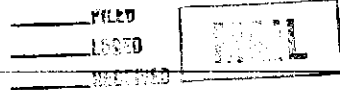


DOC 410.430 DOC 420.250 DOC 490.850 DOC 610.010
DOC 610.025 DOC 610.040 DOC 610.600 DOC 610.650

PRIMARY ENCOUNTER REPORT

DOC 410.430 (11/10/2012)

TERMS



JUN 22 2018

SCCC - STAFFORD CREEK CORRECTION CENTER

H - HOUSEING UNIT 1-6

DOC - DEPT. OF CORRECTION

C/O - CORRECTION OFFICER

MINOR INFRACTION - MINOR RULE VIOLATION

MAJOR INFRACTION - SERIOUS RULE VIOLATION

STAND FOR SEARCH - STAND WITH ARMS OUT AND LEGS
APART

"F" UNIT - SEGRAGATION

IMU - INMATE MANAGEMENT UNIT/HOLE "F" UNIT

P.A - PHYSICIANS ASSISTANT

"G" UNIT - ELECT. DOORS, TOILET IN ROOM NEXT TO BED

WHN - WHAT HAPPENED NEXT

KOP - KEEP ON PERSON (PILLS)

APPEAL - INFRACTION REPORT (ZACK FINN)

HSR - HEALTH SERVICE REPORT

* CORRECTIONS / ALTERATIONS / CLARIFICATIONS

- * (12) I ALL READY HAD A ANURISM ON MY AORTA.
THE KNEED TO THE STOMACH COULD HAVE RESULTED
IN THE ANURISM RAPTUREING CAUSING MY DEATH
IN TWO - THREE MINUTES.
- * (19) NOT 30 MINUTES BUT "ABOUT A FEW MINUTES"
- * (29) (30) I CALL THIS "THE MONKEY INCIDENT" CO FLEMING
AND CO BRUSKY
- * (42) DR. ~~DEITZ~~ DID SURGERY LATER
DEITZ
- * (48) SEE GREIVANCE ATTACHMENTS PREA
- * (58) NO INVESTIGATION OR PUNISHMENT THAT I KNOW OF
- ~~*** SHOULD BE BEFORE I WENT TO SICK CALL ?~~
- (5) NO CLAIM FILED YET

1ST EVENT

+

MEDICAL REPORTS

IN THE BEGINNING

I was housed in the "H-4" Unit for approxamatly a year____to____

(A) WHAT HAPPENED NEXT:

At some point in time, a prisoner, Ron Blood approached me to be his roommate, because his roommate was leaving...
Mr. Blood is purported to be somewhat of a "JAILHOUSE LAWYER" & at that time I was working on my criminal case and Mr. Blood was assisting me with the case.(Mr Blood had access to my J&S).

(B) WHAT HAPPENED NEXT:

AFTER SEVERAL WEEKS, Mr Blood and I were no longer getting along, perhaps because I did not agree to pay him for his services or perhaps because of the nature of my crime, now known to him.

(C) WHAT HAPPENED NEXT:

Mr. Blood ingratiated himself to C/O FINN(who at that time was a "pod" officer) Mr. Blood convinced then C/O FINN to assist Mr. Blood to get rid of me.(presumably by revealing my crime to FINN).

(D) WHAT HAPPENED NEXT:

C/O FINN began a capaign to get me gone, by writing me up 3 minor infractions in 2 days for being under my blankets during count.
(Note: until then, It was acceptable to be in bed at count)
These 3 minors got me moved to "H-5".

H5 ↓ (E) WHAT HAPPENED NEXT: - H5

I ~~was~~ assigned to a single man cell, after a few days, an prisoner who was just comming out of the "hole" (IMU)into the cell.this new roommate(possible last name of "VADER")introduced himself as "WALKER" and began to explain his name came from the fact he "walked" everywhere. and that he had once walked from Kelso Wa to Eugene OR and back "just to do it". I immediatly thought to myself that this fellow is "not all there".

(F) WHAT HAPPENED NEXT:

In the first few days "Walker" bragged that he was in the "hole" for fighting. During the next few weeks he became stranger and stranger, and we didn't speak to one another.

(G) WHAT HAPPENED NEXT:+

On Jan 22, 2015 we had a cell inspection, After the cell inspection, "WALKER" came charging into the room and blamed me for the cell search and inspection.

(H) WHAT HAPPENED NEXT:

"WALKER" yelled at me and said "if I get rolled up I will beat you down until you are dead, cuz I have nothing to lose"
(I had no idea what he meant by "nothing to lose")

WHAT HAPPENED NEXT:

We almost came to blows in the cell, I maintained my composure and said nothing to provoke him further, no physical fight occurred. He left the cell, bent out of shape and slammed the door.

WHAT HAPPENED NEXT:

AFTER HE LEFT THE ROOM, I put on my shoes and went to the "POD" officer (Jane Doe) and told her what happened. I didn't want to fight and didn't want the drama and because I was concerned about the threat to kill me. (I was 68 and he was 25-30) On the way to the pod officers station, "WALKER" tried to block me, I side stepped him, He yelled "ARE YOU GOING TO TELL" at the same time I was telling the pod officer what happened.

WHAT HAPPENED NEXT:

"WALKER" then turned to everyone in the dayroom and yelled.... "I TOLD YOU SO, HE IS A RAT"... and so everyone in the dayroom was focused on the drama unfolding in front of their eyes.

WHAT HAPPENED NEXT:

After he yelled "HE'S A RAT", He attacked me, we went to the ground, (cement floor) while on the ground, he hit me with a lot of force in the ribs, wherein I suffered injury to my ribs. I did not fight back, only tried to protect myself by covering up. This event/attack lasted about one minute.

WHAT HAPPENED NEXT:

THE C/O SPRAYED HIM ("WALKER") with C/S or whatever chemical and He (WALKER) stopped assaulting me. This event was in view of camera and I assert that there is a video record of this event.

WHAT HAPPENED NEXT:

WE both were taken to the "hole" (IMU), I was not taken to medical to see or document injuries (contrary to policy) I was in the hole for 2 days and sent to a new housing unit (H-3) because it was determined that I did nothing wrong. While in the "hole", I made 2 attempts to get medical attention for the pain and difficulty breathing. No medical aid was provided, I couldn't sleep, I couldn't even get an aspirin... this is clear deliberate indifference.

WHAT HAPPENED NEXT:

ON 1-29-15, I finally was scheduled for "sick call" and was seen by P.A. LIGHT who told me I should have called a "MEDICAL EMERGENCY" I told him that my requests for this were ignored.

WHAT HAPPENED NEXT:

P.A. LIGHT examined me. noted the bruise on my left rib cage, scheduled an X-ray for Mon 2nd of Feb, the date for X-ray tech.. to be at the prison.

① WHAT HAPPENED NEXT:

On Feb 3, 2015, the X-rays came back with clear evidence of 2 broken ribs (note, I was undiagnosed with the broken ribs since injury on Jan 22 2015. some 12 days w/o pain managment or TX) ←?

② WHAT HAPPENED NEXT:

for the next 3 months, I couldn't breath or sneeze or caught w/o enduring extreem pain, it took 90 days or so for my ribs to heal.

* ⑤ WHAT HAPPENED NEXT:

END RIBS ↑ This tort claim follows the deliberate indifference of staff, for the denial of medical care... Also for the failure of staff to take me to medical after an altercation contrary to established policy and procedure.

NEXT 3 PAGES IS HOW I KNEW ZACK FIRED

NEXT PAGES BROKEN RIBS

ZACK FENN ①

①

6-3-14

TO WHOM IT MAY CONCERN,

ON 6-3-14 I WAS MADE AWARE OF A
APPEAL I FILED ON 5-29-14 THAT WAS BASED
ON FALSE INFORMATION ON MY PART.

I WENT TO A HEARING ON 5-28-14. I
THOUGHT THE ALLEGED INFRACTION WAS AT 3:50 AM
AND MADE STATEMENTS THAT I THOUGHT WERE TRUE
AT THE TIME. I NOW REALIZE THE ALLEGED INFRACTION
TOOK PLACE AT 3:50 P.M. AND THE CO WAS IN FACT
ZACK FENN THE CO WHO WORKS THE 2:00-10:00 PM
SHIFT.

PLEASE DISREGARD MY APPEAL OF 5-29-14.
AS I WAS CONFUSED ABOUT THE TIME OF THE ALLEGED
INFRACTION AND WHO ZACK FENN WAS.

1ST, I DON'T KNOW WHO ZACK FENN IS EXCEPT
HE WORKS THE HY ASIDE ON A TIME TO TIME BASIS.
I HAVE NEVER HAD A CONVERSATION WITH HIM EXCEPT
SEVERAL MONTHS AGO TO BORROW A PEN TO SIGN UP
FOR KOP. I STAY IN MY ROOM 100% OF THE TIME
EXCEPT WHEN I GO EAT, SHOWER OR USE THE REST ROOM.
THIS IS WHY I DO NOT KNOW THE NAMES OF THE CO'S
AS I NEVER INTERACT WITH THEM. I STAY OUT OF
SIGHT AND MIND MY OWN BUSINESS.

2ND FOR THE LAST 5 YEARS 8 MONTHS I HAVE
BEEN ASLEEP DURING THE 4:00 PM COUNT 3 TIMES.
ON 5-26-14 I WAS NOT SLEEPING I WAS LAYING
ON MY BED. NO ONE KNOCKED ON MY DOOR
OVER

(2)

OR TOLD ME TO MOVE FOR COUNT. IF WHAT HE SAYS IS TRUE, HE WOULD HAVE COME INTO MY ROOM TO SEE IF I WERE ALIVE OR IN SOME SORT OF DISTRESS. THAT'S THE PROCEDURE. WHY WOULD I NOT MOVE IF IN FACT HE "KNOCKED SEVERAL TIMES AND TOLD ME TO MOVE"? IT MAKES NO SENSE. ALSO WOULDNT THE OTHER CO KNOCK AND TELL ME TO MOVE AND SGT BOLDEN DOES THE COUNT WITH HIM. WOULDN'T HE SAY SOMETHING TO ME. NO SUCH ACTION HAPPENED

3RD YOU WOULDN'T BELIEVE THIS BUT I HAVE SEEN DOZENS AND DOZENS AND DOZENS OF COUNTS WHERE THE CO'S TAP ON THE DOOR AND TELL INMATES TO MOVE AND THIS INCLUDES ME. I'VE BEEN TOLD TO MOVE AT THE 9:00 PM COUNT AS HAVE OTHERS AND THE CO'S GO ON THERE WAY. I AND OTHERS HAVE BEEN TOLD TO MOVE AT THE 3:00 AM COUNT WHEN PEOPLE ARE SOUND ASLEEP, WE MOVE AND THE COUNT GOES ON. NOW THE \$64,000 QUESTION, WHY HAVE I BEEN SINGLED OUT AND INFRACTED WHEN OTHERS ARE NOT? OVER THE PAST FEW DAYS I HAVE BEEN INFRACTED FOR THE SAME THING, ANOTHER BY ZACK FINN AND ONE BY RYON JONES. WHY? I'LL TELL YOU WHY. EVERY SINCE YOU DISMISSED THE "STOLEN BURRITO" ESCAPAD, SGT BOLDEN HAS CONVAIED TO OTHER CO'S TO INFRACT ME BECAUSE I SLEEP UNDER MY BLANKETS. THIS IS CLASSIC CO RETALIATION BASED ON STATEMENTS IMPOSSABLE TO DISPROVE BASED ON STATEMENTS OF ONE PERSON WITH NO EVIDENCE WHATSOEVER

Paul Mark

↓ DISREGARD ↓

5-29-14

TO WHO IT MAY CONCERN

ON 5/26/14 AT 3:00 AM I WAS SLEEPING. A CO UNKNOWN TO ME TAPED ON MY DOOR 2 TIMES WHERE BY I TURNED OVER AND EXPOSED MYSELF FOR COUNT.

I HAVE SINCE FOUND OUT THE CO WAS A GUY NAMED ZACK FENN, WHO I NEVER TALKED TO NOR HAD EVER SEEN BEFORE. HE CLAIMS HE HAS GIVEN ME SEVERAL WARNINGS. NO SO AS I STATED BEFORE I HAVE NEVER SPOKE TO OR SEEN BEFORE AS HE DOES NOT WORK HY AS PER CO GOLDPHENEE. CO GOLDPHENEE HAS WORKED HY FOR OVER 1 YEAR AND HAS CONDUCTED OVER 300 COUNTS AND I HAVE ALWAYS RESPONDED WHEN SHE OR OTHERS DO COUNT.

IT IS COMMON FOR COS TO TAP ON THE DOORS OF INMATES AS I HAVE HEARD THEM THROUGHOUT COUNT AND NO ONE IS EVER IN FRACTION FOR SLEEPING AS LONG AS THEY MOVE AT COUNT TIME.

SARGENT BOLDEN FOUND ME GUILTY BECAUSE HE STATES WHEN HE DOES COUNT AT 4:00 I'M SOMETIMES ASLEEP AND THE CO HAD TO TAP ON THE DOOR SO I MOVE AND THEY CONTINUE COUNT BUT COULDN'T SAY I NEVER RESPONDED.

CONCLUSION, THE CO TAPED ON THE DOOR, I RESPONDED AND CAUSED NO INCONVENIENCE NO DID I INTERFERE WITH COUNT. YOU SHOULD CHECK WITH CO GOLDPHENEE OVER

TO VERIFY MY 3:00 AM COURT CONDUCT.

I KNOW YOU ARE NOT GOING TO FIND IN MY
FAVOR AND THIS IS AN EXERCISE IN ~~EMPTY~~ FUTILITY
AND HOW ONE CAN BE RESPONSIBLE FOR SOMETHING
THAT HAPPENS WHEN ONE IS SOUND ASLEEP AS ACTIONS
WHEN ONE IS ASLEEP ARE INVOLUNTARY ACTIONS WITH
NO CONSCIOUS REACTIONS

THANK YOU

Paul Works 321696



ZACK FENN + ROW
BLOOD
③

GENERAL INFRACTION REPORT

Offender Name Marks, Paul		DOC Number 321696	Housing Assignment H4-015L	Infraction Date 05/26/14
Incident Date 05/26/14	Incident Time 1550		Incident Place H4-015L	
Rule Violations 214		Witness(es) N/A		

DETAILS IN FULL:

On 05/26/14 at 1550, I, Officer Fenn, Zack was conducting formal count when I came to the cell 015 with offender Marks, Paul DOC# 321696 inside it. Offender Marks was completely covered up with blankets in his bed and would not move for count after I knocked several times and gave verbal directives to show for count. This has been an on going problem with this offender after I even gave him several warnings in the past to not cover up and to be visible for count.

Reporting Staff (Print) Zack Fenn	Signature 	Shift 3	Days Off Fri/Sat
Infraction Reviewer's (Print)	Signature	Date	

NOTICE TO OFFENDER:

You are to appear at 1920 HRS a.m./p.m. on 5/28/14 in the H-4 Sergeant's Office.
Time Date/Day Unit

I, Paul Marks DOC 321696 Waive my right to attend this scheduled hearing. I understand the hearing will be held in my absence.
Name Number

Copy Received Offender Signature
Paul Marks

Issued by Staff (Print)

Signature

ACTION:

Hearing Date: 5-28-14 Hearing Time: 1920

Offender's Plea(s) to Violations(s): NOT GUILTY

Summary of Offender's Statement: HE KNOCKED ON THE DOOR & I MOVED

Finding(s): GUILTY

Reason(s): STAFF WRITTEN STATEMENT

Sanction(s) (if any): R & W

Reason(s): NO HISTORY

Appeals must be addressed to the Disciplinary Hearing Officer within 24 hours after receiving this notification. Attach your copy of this form to your appeal.

NOTIFICATION HAS BEEN RECEIVED:

Offender Signature
Paul Marks

Date
5-28-14

Time
1925

Staff (Print)
Sgt. FOLDEN, MITCHELL

Signature

Date
5-28-14

Time
1925

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: ORIGINAL - Unit File

COPY - To offender when notice is given

COPY - To offender after hearing has been conducted and signature obtained

DOC 17-070 (Rev. 08/16/12)

DOC 460.000

**Stafford Creek
Corrections Center**MED REC
RIBS

Professional Diagnostic Reading Service Provided By:

TRA Medical Imaging

(866) 761-4200, option 1

Patient Name:	MARKS, PAUL	Accession Number:	G150202100221270
Patient ID:	284560SCC	Date of Service:	February 2, 2015 09:47
Date of Birth:	, 1949	Procedure	DX -
Referring Physician:	Light, Scott	Description:	X-RAY RIBS UNILATERAL LEFT 2 VIEWS

EXAM: LEFT RIB X-RAY SERIES**HISTORY:** Trauma. Pain over the mid left rib cage.**TECHNIQUE:** Two views of the left ribs were obtained.**COMPARISON:** None.**FINDINGS AND IMPRESSION:** There is a nondisplaced fracture of the left anterolateral seventh rib. No pneumothorax or pleural effusion.

Thank you for this referral. For consultation with the radiologist, please call 360-413-8383.

Reported: 02 Feb 2015 10:59 RANDALL PATTEN

Electronically Signed: 02 Feb 2015 11:01 RANDALL PATTEN

Relevant Clinical Information^Primary Tech: DOC, Tech
sore mid left ribs--in a fight
NEW

NORMAL ____ SEE REPORT ____
ACTION REQUIRED ____

INITIALS ____ DATE ____

Stafford Creek
Corrections Center

RIBS

Professional Diagnostic Reading Service Provided By:

TRA Medical Imaging
(866) 761-4200, option 1

Patient Name: MARKS, PAUL
Patient ID: 321696SCC
Date of Birth: 1945
Referring Physician: Light, Scott

Accession Number: G150202095350905
Date of Service: February 2, 2015 09:38
Procedure: DX -
Description: X-RAY CHEST MINIMUM 4 VIEWS

EXAM: X-RAY CHEST MINIMUM 4 VIEWS

HISTORY: Cough and sore ribs

COMPARISON: None.

TECHNIQUE: PA and bilateral shallow oblique and lateral.

FINDINGS: Lungs are clear. The vessels are distinct. Cardiac, mediastinal and pleural contours appear normal. Recent right seventh lateral rib fracture present, recent left seventh lateral rib fracture also present.

IMPRESSION: Recent bilateral seventh lateral rib fractures.

Reported: 02 Feb 2015 11:40 DANIEL HELLER
Electronically Signed: 02 Feb 2015 11:43 DANIEL HELLER

Relevant Clinical Information

^Primary Tech: DOC, Tech
cough and sore Lt. ribs
NEW

NORMAL _____ SEE REPORT _____
ACTION REQUIRED _____
INITIALS ML DATE 2-3-15

S. LIGHT, PA-C



RIBS

OFFENDER I.D. DATA: MARKS, PAUL
(Name, DOC#, DOB) 321696

1945

DIAGNOSTIC IMAGING REQUEST

DATE OF REQUEST 01/29/2015	FACILITY SCCC	UNIT H3	ALLERGIES NKDA
-------------------------------	------------------	------------	-------------------

STATUS

☐ Emergent ☒ Urgent ☐ Routine

PROCEDURE

☒ X-ray ☐ Mammogram ☐ Ultrasound ☐ Other:

EXAMINATION OF

- CHEST
- RIGHT TIB-FIB

4 CT ribs

VIEWS REQUESTED

- PA & LATERAL
- PA & LATERAL

REASON/HISTORY

FIGHT WITH RIB PAIN AND ECHYMOSIS AT ABOUT T-8 LEFT MID AXILLARY AND ECHYMOSIS RIGHT SHIN

X-RAYS
DONE

HEIGHT ft in	WEIGHT lbs	PROVIDER'S NAME S.LIGHT, PA-C	
DATE IMAGED	IMAGING PERFORMED BY	SIGNATURE	2-2-15

20064904WA

200645904WA
- 900

71030 chest

73590 RR Tibia

71102L ribs

encounter dm

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

DATE (m/d/yy) 12-15-18 TIME (24-hr) 0915 FACILITY SCCC UNIT 113
☐ Allergies verified with patient; Problem List updated as needed
☐ Risks/benefits of recommended intervention explained; patient consents
 PLAN / RX (Dx required for medication orders)
 Vital Signs: BP 124/86 P 65 R 16 T 98.1 O2 Sat 96 % Wt 165
 One Chief Complaint: (L) Side Pain
 Referred to Provider today - Yes No
 Deferred to PCP for F/U - Yes No Provider Notified - Yes No
 Triage Nurses Name (Stamp)
 (S) ASSURED ON 1-22 +
 NOW HAS PAIN (L)
 CHEST WALL - NEVER
 ASKED FOR EXAMINATION
 UNTIL NOW. NOW FEELS

DATE (m/d/yy) TIME (24-hr) FACILITY UNIT
☐ Allergies verified with patient; Problem List updated as needed
☐ Risks/benefits of recommended intervention explained; patient consents
 PLAN / RX (Dx required for medication orders)
 STIFF + SOME + SOME
 PLEURAL PAIN
 (6) VS AS ABOVE. GEN A + D NAD
 HEART - PEAR
 CHEST - CTA THROUGHOUT BECAUSE
 C - RUL
 ABD - NOW TENDER. POSITIVE MASS
 (L) V.Q.; SIMILAR TO PREVIOUS
 SKIN - ECHYMOSIS (L) FLARE AT
 ABOUT T 8 TO T-10 E PAT 2
 TO AMP OVER THOSE REBS.

DATE (m/d/yy) TIME (24-hr) FACILITY UNIT
☐ Allergies verified with patient; Problem List updated as needed
☐ Risks/benefits of recommended intervention explained; patient consents
 PLAN / RX (Dx required for medication orders)
 EXT - ECHYMOSIS (R) ANTERIOR SHD
 E SUBTLE P. TO AMP BUT NO PAIN
 OVER KNEE ON ANKLE ON E
 KNEE / ANKLE PAIN
 HEAD TO TOE - NO OTHER ABNORMALITIES
 ON SIGNS OF TRAUMA
 IDENTIFIED.
 (A) * CONTINUED ON NEXT PAGE

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2; 45 CFR Part 164) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



DOC 410.430 DOC 420.250 DOC 490.850 DOC 610.010
 DOC 610.025 DOC 610.040 DOC 610.600 DOC 610.650
 DOC 630.520 DOC 670.020

PRIMARY ENCOUNTER REPORT

DOC 13-435 (05/19/2014)

MARKS PAUL 45 321694

DATE (m/d/yy)	TIME (24-hr)	FACILITY	UNIT	ALLERGIES	PLAN / RX (Dx required for medication orders)
1/21/15	1850	SEC	JMCL	NKDA	
<input type="checkbox"/> Risks/benefits of recommended intervention explained; patient consents					
PHYSICIAN ASSESSMENT & PREA QUESTIONS COMPLETED. PT HAS NO MEDICAL OR SURGICAL HISTORY @ THIS TIME & NO VITALS OBSERVED. DOES REPORT CHRONIC BACK PAIN KNUES. STATES TAKES NO MEDS FOR IT. ONLY TAKES CHOLESTEROL MEDS. ADD. PT REQUESTING "A COUPLE ASPIRIN" FOR BACK PAIN. TOLD HIM. I HAVE NO ORDERS FOR ANY PAIN MEDS FOR HIM @ THIS TIME.					
					TRACY MRS

MARKS PAUL 45 321694

DATE (m/d/yy)	TIME (24-hr)	FACILITY	UNIT	ALLERGIES	PLAN / RX (Dx required for medication orders)
2/13/15	9:15	SEC	H3	NKDA	
<input type="checkbox"/> Risks/benefits of recommended intervention explained; patient consents					
OPTOMETER SEE FORM E. WAYMAN, OD					

MARKS PAUL 45 321694

DATE (m/d/yy)	TIME (24-hr)	FACILITY	UNIT	ALLERGIES	PLAN / RX (Dx required for medication orders)
2/25/15	0945	SEC	H3	NKDA	
<input type="checkbox"/> Risks/benefits of recommended intervention explained; patient consents					
Vital Signs: BP 110/72 R/L 110/72 02 Sat 94 %w/ 10L/2 One Chief Complaint: Pain in small of back increasing Referred to Provider today - Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> & down @ leg. Reports Deferred to PCP for F/U - Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Provider Notified - Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Triage Nurses Name [Signature] (Stamp) Dr. Poontorcas					BP MED CHECK HODER ME OF RESULTS REPORTS Also has broken ribs from altercation @ cellmate in January
PROMISE SET DELETED S. LIGHT, PA-C					

State law (RCW 70.02; RCW 70.24.105; RCW 71.05.390) and/or federal regulations (42 CFR Part 2; 45 CFR Part 164) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



DOC 410.430 DOC 420.250 DOC 490.850 DOC 610.010
 DOC 610.025 DOC 610.040 DOC 610.600 DOC 610.650
 DOC 630.520 DOC 670.020

PRIMARY ENCOUNTER REPORT

DOC 13-435 (11/08/2013)

DATE (m/d/yyyy)	TIME (24-hr)	FACILITY	UNIT	<input checked="" type="checkbox"/> Allergies verified with patient; Problem List updated as needed
1-24-15	0915	SLCC	H3	
<input type="checkbox"/> Risks/benefits of recommended intervention explained; patient consents				PLAN / RX (Dx required for medication orders)
* CONTINUED FROM PREVIOUS				
<p>(1) (2) STATED WEP Pmt - ISOLATED SPONTANEOUS (HE WAS) + APAD, X-RAY.</p> <p>(2) (1) LOWER LCC CONTINUED - X-RAY.</p> <p>(3) IDENTIFIED AAA - DISCUSSED & AGREED & WE'LL MOVE UP PLANNED SURGERY TO IMMEDIATE.</p>				
* DISCUSSED & AGREED				

DATE (m/d/yyyy)	TIME (24-hr)	FACILITY	UNIT	<input type="checkbox"/> Allergies verified with patient; Problem List updated as needed
<input type="checkbox"/> Risks/benefits of recommended intervention explained; patient consents				PLAN / RX (Dx required for medication orders)
				S. LIGHT, PA-C

DATE (m/d/yyyy)	TIME (24-hr)	FACILITY	UNIT	<input checked="" type="checkbox"/> Allergies verified with patient; Problem List updated as needed
2-3-15	1400	SLCC	H3	
<input type="checkbox"/> Risks/benefits of recommended intervention explained; patient consents				PLAN / RX (Dx required for medication orders)
<p>SEEN + EXAMINED & AGREED</p> <p>DUE TO CONCERNS ABOUT ANEURYSM - WHEN MOVED UP IMMEDIATE SURGICAL, POSITIVE MASS LLQ - NO Pmt, Gmpt on RECORD.</p>				
				S. LIGHT, PA-C

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2; 45 CFR Part 164) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



DOC 410.430 DOC 420.250 DOC 490.850 DOC 610.010
 DOC 610.025 DOC 610.040 DOC 610.600 DOC 610.650
 DOC 630.520 DOC 670.020

PRIMARY ENCOUNTER REPORT

DOC 13-435 (05/19/2014)



This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME MARKS		FIRST NAME PAUL		
DOC NUMBER 321696	FACILITY SCCC	UNIT/CELL 1MV	DATE 1-22-15	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

~~PA~~ ~~FIGORAA~~. MR FIGORAA. AS PER MY PREVIOUS KITE, I AM UNDERGOING EXTREME PAIN IN MY BACK AND ESP MY LEFT RIB CAGE AREA. I CAN NOT TAKE A DEEP BREATH, COUGH OR SNEEZE WITHOUT ALMOST PASSING OUT. DO I HAVE A BROKEN RIB? IS THERE DANGER OF A PUNCTURED LUNG? I NEED IMMEDIATE CARE TO SEE HOW SERIOUS MY INJURY IS. TODAY IS THURSDAY. FRI, ~~1-23-15~~, ~~1-24-15~~, IS LAST WORK DAY. DO I HAVE TO SUFFER SAT + SUN AND EVEN MONDAY WITHOUT BEING LOOKED AT. A QUICK X-RAY WILL PROBABLY DO THE TRICK.

OFFENDER SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> See within _____ days/weeks/months	<input type="checkbox"/> Not available/dismissal	<input type="checkbox"/> Visit required
---	--	---

D PA figoraa doesn't work in f-unit
 D if you want to be seen at sick call send a kite, NO Xrays without seeing a provider to order it

RESPONDER signature and stamp (all copies)

DATE and TIME

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: WHITE/YELLOW – Responder, PINK – Offender keeps

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Offender with Response

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



Department of
Corrections
WASHINGTON STATE

This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

Broken Ribs + Food By Pass 43 0102

HEALTH SERVICES KITE

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME MARKS		FIRST NAME PAUL	
DOC NUMBER 321696	FACILITY 3CC	UNIT/CELL IMU	DATE 1-22-15 TIME
JOB/PROGRAM		JOB/PROGRAM HOURS	DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

☒ MEDICAL

☐ DENTAL

☐ OPTOMETRY

☐ MENTAL HEALTH

☐ MEDICATION REFILL (list medication/s or place sticker below)

☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

ON 1-21-15 I WAS THE VICTIM OF A PHYSICAL ASSULT. I HAVE AN INJURED BACK AND RIBS TO SUCH A DEGREE THAT IT TAKES ME SEVERAL MINUTS TO GET OUT OF BED AND TO THE DOOR FOR FOOD. I DID NOT EAT BREAKFAST BUT WHEN LUNCH CAME I WANTED TO EAT. I WAS BY PASSED AND THE STAFF HAS REFUSED TO ALLOW ME TIME TO GET TO THE DOOR FOR LUNCH. I HAVE MADE 2 REQUEST FOR LUNCH AND NOTHING HAS HAPPENED. I ALSO USED SOME TYPE OF PAIN MED FOR MY INJURY I CAN HARDLY MOVE AND THE PAIN IS Paul Marks ALMOST UNBEARABLE

OFFENDER SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

☐ Schedule within _____ days/weeks/months

☐ Next available sick call

☐ No visit required

meals are announce over intercom & call by officers when they begin
Get up at that time & head toward door

If officers see you are out of bed they will serve you, if you stay in bed if a meal refused by you

RESPONDER signature and stamp (all copies)

DATE and TIME

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435, PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: **WHITE/YELLOW** - Responder, **PINK** - Offender keeps

Distribution upon completion: **WHITE** - Health Record, **YELLOW** - Return to Offender with Response

State law (RCW 70.02; RCW 70.24.105; RCW 71.05.390) and/or federal regulations (42 CFR Part 2; 45 CFR Part 164) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

CRONOLOGY OF EVENTS
7-20-16 FORWARD

- ① WHAT HAPPENED; at approxamatly 5:30 PM SCCC Housing unit H-3 was called to dinner.
- ② WHAT HAPPENED NEXT; approxamatly 50 to 60 prisoners, including myself, walked the 300 or so yards to chow hall.
- ③ WHAT HAPPENED NEXT; a line formed at the entrance to the chow hall, I was about 15 feet from that entrance.
- ④ WHAT HAPPENED NEXT; SGT FINN, a DOC employee, known to me for the following reason(s); several months prior to this incident, employee FINN who had not yet recieved his SGT stripes, was a unit C/O in H-4. His dutys were to watch over the prisoners and to do count. My roommate at the time was RON BLOOD. prisoner Blood and myself had conflict as roomates. prisoner Blood ingratiated himself to C/O FINN and they seemed to have a strong repore.

Prisoner Blood complained to FINN about conflicts in the cell and these complaints lead C/O FINN to infract me with 2 or 3 minor in-fractions and I was moved to H-5 (and subsequently moved to H-3).
WHERE BROKEN RIBS HAPPENED
The above is how I became known to C/O FINN and how he became known to me.

Several months or even years passed and I didnt see or hear of C/O FINN. Then one day I saw FINN with SGT stripes, and I saw him a number of times on the breezeway watching the commings and goings of prisoners at the chowhall. On this day 7-20, he saw me and for some reason unknown to me, he ordered me to stand for search.

I moved to his location and stood feet apart, back to him waiting to be searched.
- ⑤ WHAT HAPPENED NEXT; I stood for 30 seconds or so in this position with my feet apart and my hands spread wide, But no one searched me. Generally, a SGT will never search prisoners, but leave this to subordinate C/O's to do.
- ⑥ WHAT HAPPENED NEXT; After standing in this position for the 1/2 minute or so SGT FINN ordered me back to my unit, by shouting "GO BACK TO YOUR UNIT"...
- ⑦ WHAT HAPPENED NEXT; I was confused as I was waiting to be searched.
- ⑧ WHAT HAPPENED NEXT; SGT FINN shouted again "GO BACK TO YOUR UNIT".

- ⑨ WHAT HAPPENED NEXT; Before I could react or move, 2 or 3 C/O's attacked me, one twisting my head and neck as if to remove same from my body, meanwhile I was handcuffed, with all the C/O's yelling "STOP RESISTING", which I was not (I am 71 yrs old, 150lbs)
- ⑩ WHAT HAPPENED NEXT; I was lead toward the F-unit (segregation) handcuffed with my hands behind my back, one C/O on each side of me with their arms intertwined with mine.
- ⑪ WHAT HAPPENED NEXT; At about 200 ft from the initial contact and on the way to the F-unit, my left leg gave out and/or I was tripped. (note: I have an extreme case of scoliosis which makes my leg numb)
- * ⑫ WHAT HAPPENED NEXT; On the way down, a C/O kned me in the stomach as hard as he could (resulting in an aneurism at my aorta) my head and neck was again twisted... The C/O's all the time yelling the signal to attack "STOP RESISTING". DID NOT RESULT IN A ANEURISM I ALREADY HAD IT!
- ⑬ WHAT HAPPENED NEXT; I fell to the ground, with the C/O's wherein they continued to knee and pummel me for no reason.
- ⑭ WHAT HAPPENED NEXT; After being pummeled, it was obvious that I could not walk. A wheelchair was brought, I was lifted into the wheelchair and taken to the "F-unit" (segregation) (IMU).
- * ⑮ WHAT HAPPENED NEXT; I was wheeled to a holding cell (5'X5') and dumped out of the wheelchair onto a concrete floor, at which point, I went unconscience. SEE INITIAL SER. INC. REPORT
- ⑯ WHAT HAPPENED NEXT; I woke up at 10:30 AM the next day. I had tubes down my nose and throat, was tied to a bed. I was panicked and thought I was going to die as I could not swallow my saliva. This was the most terrifying thing that has ever happened to me. There are no proper words to describe the feeling you have when you believe that you are about to die.
- ⑰ WHAT HAPPENED NEXT; I was lying in bed, not able to talk, still panicked, began to pound on the bedrail, attempting to get the C/O's attention to my distress. The C/O made no efforts to help me, no effort to seek help for me, only said "they will be here soon to take care of you".
- ⑱ WHAT HAPPENED NEXT; I saw a man, who later, I learned was a male nurse. I attempted to use my hand to signal that I was in distress this nurse did nothing to assist me, rather mocked me, laugh and walked away.
- * ⑲ WHAT HAPPENED NEXT; Eventually, a female nurse came into the room and told me "as soon as the doctor gives us the go ahead we will remove the things in your nose and throat, it should be about 5 minutes".

5-10

- (20) WHAT HAPPENED NEXT; I lay there for 1½ hours, the whole time I watched the clock, (which was right in front of me) it clicked off second by second for this 1½ hrs. there are no words to describe the terror, panic and helplessness I experienced.
- (21) WHAT HAPPENED NEXT; Finally, the mocking male nurse came in and removed the things in my nose and mouth so that I could breath again properly.
- (22) WHAT HAPPENED NEXT; I had a dizzying headache and every bone in my body hurt, especially my head and neck.
- (23) WHAT HAPPENED NEXT; on that day at about 1:30 PM, a nurse brought me a lunch. shortly after, I saw with my own 2 eyes C/O Smith take food off my tray that was meant for me. His partner, C/O Shothammer whispered "I didnt see a thing". C/O Smith stashed the food in his backpac.
- (24) WHAT HAPPENED NEXT; The next day I was seen by a private practice Doctor and had tests for the aneurism including an MRI and then returned to the hospital and subsequently discharged.
- (25) WHAT HAPPENED NEXT; I was returned to SCCC medical unit.
- (26) WHAT HAPPENED NEXT; At some point after my return to SCCC medical unit, My usual medical provider, PA LIGHT came into my room and was all excited and animated, (like we just won the world series) and exclaimed "YOU SURVIVED?".
- (27) WHAT HAPPENED NEXT; PA LIGHT and I talked, He told me that I had a siezure, he did a minimal/cursury exam and left me to my druthers.
- (28) WHAT HAPPENED NEXT; The following AM at 8:30, 2 C/O's came to escort me to have an X-ray. I was handcuffed for this escort.
- * (29) WHAT HAPPENED NEXT; As I was being led down the hall to X-ray, the 2 C/O's started singing into my ear... the one CO would say "I'M changing the station" and then started singing "RAP" and would start RAPPING, and then yelled, "I'M CHANGING THE STATION" and would start singing country... These antics went on down the hallway to the x-ray continuing to attempt to annoy me or to use this as some kind of PSYOPS. This continued even into the X-ray room, wherein the X-ray tech sort of laughed.
- * (30) WHAT HAPPENED NEXT; After the X-ray exam, the C/O's marched me again down the hall, singing and "changing the radio station". This excessive noise inches from my ears was for the entertainment of the staff and the C/O's. I was treated as some kind of monkey or clown or fool.

I FILED A GRIEVANCE OVER THIS: ~~SEE~~

- 31 WHAT HAPPENED NEXT; After being returned to my room, A C/O and a lady I never saw before came to my room to ask me questions about reimbursment. This was some 15 minutes after the singing incident. At this time I began to mimick the singing... saying "I can sing too" I began to sing Elvis's HEARTBREAK HOTEL. The lady left right away and the C/O shortly thereafter.
- 32 WHAT HAPPENED NEXT; I was moved down the hall to an "F-unit" observation room(generally used as as "suicide watch" room) This room reeked and the toilet was funky, the sink dirty an stained, this was a concrete room with concrete floor. This placement was in retaliation for my singing.
- 33 WHAT HAPPENED NEXT; 1 or 2 days later, Dr. Smith and I had a meeting, I was handcuffed to a chair and Dr. Smith standing over me. We had a discussion about my anurism, I argued that I should be in a hospital in case the anurism were to burst, that I would be close to proper, necessary care such as emergency surgery ect.(Note; it would take SCCC medical at least 5 minutes to respond, then another 20 minutes for an ambulance to arrive another 15-20 minutes to arrive at the hospital) By the time I was actually seen by professional medical personell at the aberdeen hospital, I certinly would arrive dead!!!(Generally a burst aorta anurism that untreated the patient dies in 5 minutes).
- 34 WHAT HAPPENED NEXT; Dr Smith argued that she understood that it was me and not her that had the condition,...That it was me and not her that was worried about the possibility of death,... Me and not her that had a bulge in my stomach,... and then said that she refused to admit me to a hospital because I would be discharged for some unknown/vauge reason.... some thing mumbled about "Bed Related"?.
- 35 WHAT HAPPENED NEXT; I told her that I totally disagreed with her and to prove my point, I challenged her to call Aberdeen Olympia or Tacoma or Harbor View Hospitals about admitting me under those circumstances.
- 36 WHAT HAPPENED NEXT; She declined to do anything and said that they were trying to figure out what to do and left. I was returned to the bleak suicide room.
- 37 WHAT HAPPENED NEXT; Some time later, a female PA came to look in on me, took my blood pressure, which was extreemly high. I expressed that "what would you expect?" "I'm freaking out about my anurism and no one seems to want to help me". The PA left, no help was given, I was returned to the suicide room.
- 38 WHAT HAPPENED NEXT; Sometime later , I made a complaint that my stomach was hurting in the aneurism area. I was brought out of the suicide/concrete room in a wheelchair. It felt to me that my aneurism was expanding and contracting with every heartbeat. (note: I was tied to the wheelchair!!)

- (39) WHAT HAPPENED NEXT; A nurse came on the scene, I told her about my situation, she dissappeared, came back 10 minutes later and appeared to authorize my removal from the punishment/suicide room. I was placed back at F-unit (IMU), wherein I was transported there in a wheelchair and tied/roped in...secreted down a hallway and snuck out the back door and taken to IMU.
- (40) WHAT HAPPENED NEXT: I was deposited into a holding cell, was uncuffed and told to undress. I was in extreem distress, could not comply or dress myself, had a seizure, went unconscience, fell to the floor. I was told later that I recieved no help as this was no "medical emergency". *DICKERSON C.O. & AN SKINNER*
- (41) WHAT HAPPENED NEXT: After several hours I was able to compose myself, yet it took me 45 minutes to undress and change into the required clothing for IMU. I recieved no help from the 2 C/O's who previously told me I could die there and it would make "no difference to them", thereafter I was dragged into a wheelchair and deposited into an IMU cell. *DICKERSON C.O.*
- * (42) WHAT HAPPENED NEXT: Eventually I was taken from ~~the suicide room~~ ^{MEDICAL} to Olympia hospital for consult w/Dr. Dietz, and returned to SCCC. (about aneurism)
- (43) WHAT HAPPENED NEXT: Upon returning to SCCC, the transport C/O's returned me to property thru the door we left from. These C/O's were ordered to return me to IMU, wherein I was placed into a holding cell.
- (44) WHAT HAPPENED NEXT: While in that holding cell, a C/O came to the door and told me to undress, this holding cell has a window in the door approx 20"x5'"wide. I undressed and was standing naked in the 5'X5' holding cell.
- (45) WHAT HAPPENED NEXT: A female C/O (now known to me as C/O Bronghill) came to the window, where I was totally naked, she made a point to stare into the window without moving her head, looked me over and lifted her eyebrows !!(as if to say "Oh La, La!!!)
- (46) WHAT HAPPENED NEXT: She asked me my shoe size?... I said 10½. She left and a short time later returned with clothes for me, wherein she gazed at me again... (how could she not notice that I was totally naked!!!) She handed me the cloths and left.
- (47) WHAT HAPPENED NEXT; After a short time I came to realize that what had just taken place was being subjected to features of a sexual nature as described in the PREA handbook, the longing gaze, the lifting of the eyebrows and the interactions while naked left me feeling humilitaed and I cannot get this Image out of my head.
- * (48) WHAT HAPPENED NEXT; I submitted a greivance about this PREA issue and it is still pending i + HUK

- (49) WHAT HAPPENED NEXT: Several days later I was served with an infraction notice involving the above incident about being unable to comply with demands to change cloths, even though I was unconscience.
- (50) WHAT HAPPENED NEXT; I wnet for a hearing in IMU, found guilty of not standing for search or complying with directives, even though I was unconscience...I recieved a sanction and credited for time served in IMU.
- (51) WHAT HAPPENED NEXT; I had a second hearing about what happened on 7-20-16 and was also found guilty and sentenced to 10 days of segregation in IMU. (Talk about a Kangaroo court) During the hearing, the Hearing officer was reading a report that said I was being "disruptive"... I asked him what "being disruptive" meant?, he ignored me until I asked again...He exclaimed "ITS WHAT YOU ARE DOING RIGHT NOW"!!!and if you dont like it "I'll Stop this hearing right now....and send youback to your cell"... The hearing continued under duress.
- (52) WHAT HAPPENED NEXT: I served 15 days total time in IMU, I was released to "G"unit GA24L.
- (53) WHAT HAPPENED NEXT;I have been demoted to MEDIUM custody and forced to live in a room with a toilet next to my bed, I have recieved no further necessary, proper follow up medical treatment for the aneurism.,this after being asked to move into another prior room that was a clerical or staff error.
- (54) WHAT HAPPENED NEXT; I gathered up my belongings and moved into a cell that was already inhabited by a guy whose name is MORRIS BAKER, who told me that he had "just came from IMU" After only a couple days, I could tell that this was a bad idea.
- (55) WHAT HAPPENED NEXT; On the morning of 8-21-16, this roommate came into the cell, woke me up abruptly, yelling "Hollywood, Hollywood, get up to get your breakfast(known as a "BOAT") This was on a Sunday A.M.
- (56) WHAT HAPPENED NEXT; I asked him to please not wake me and that I am aware of the breakfast and am capable of getting it.
- (57) WHAT HAPPENED NEXT;To make a long story short; This inmate "snapped" resulting in him kicking me in the chest/sternim area, said he was "going to kill me" and "push my nose into my brain".
- * (58) WHAT HAPPENED NEXT;After he left the cell, I told C/O ELDORAL DO what had haapened... Had an interview with a SGT, who said that there would be an investigation, this maniac was moved out of my cell to the other side of the Unit with no punishment of further investigation.
- (59) WHAT HAPPENED NEXT; Shortly after the kicking incident, I went to medical, they said nothing could be done for pain and made [no attempts to X-ray] or other proper medical treatment, and no follow up was done even though I experianced painful breathing and ongoing pain and bruising after a day or so. +HEY DID DO X-RAY ON MY CHEST

USED to put ME IN I.M.U.
ZACK FENN

Placement Referral:**MARKS, Paul D (321696)**

Offender Information At Time Of Placement

ERD: 12/23/2019**RLC:** LOW**Custody Level:** Minimum 3 - Long Term Minimum**Location:** SCCC-IMU

Placement Movement

* **Initial Placement Date:** 07/20/2016 * **Time:** 19:50 * **Initial Placement Status:** Pre-Hearing Confinement
 * **Initial Placement Facility:** SCCC-IMU * **Initial Placement Living Unit:** F
 * **Pre-Placement Location:** SCCC-H3

Placement Details

Placement Type:

Threat to Orderliness of Facility

Placement Detail:

Other

Placement Due Infraction:

509 - REFUSE TO PROCEED/DISPERSE AREA

717 - REFUSAL/RESISTING/SAFETY

Placement Narrative

Offender Refused Multiple Directives To Disperse Back To His Living Unit. During The Escort To F Unit, Offender Marks Began To Resist Staff Resulting In A Spontaneous Use Of Force.

Requesting Staff: Fenn, Zackary J**Authorizing Staff:** Mainio, Eric W**Placement Authorization:**

* Authorization Narrative:

Concur

☒ Authorize☐ Deny**Authorizing Staff:**

Mainio, Eric W

Serving/Reporting Staff:

Ericksen, Matthew R

Superintendent/Designee:

Cotton, Jeneva M

Placement Decision:**Superintendent/Designee:** Cotton, Jeneva M**Date of Decision:** 07/21/2016

Decision Narrative:

PHC Approved - WAC 509/717

☒ Approve☐ Deny



my copy GREU # (15)
Finn 1st REPORT
INITIAL SERIOUS INFRACTION REPORT

Date of Infraction 07/20/2016	Offender Name (Last, First) Marks, Paul	DOC Number 321696	Housing Assignment H3-010 L
Rule Violation #(s) 509, 717			
Approximate Time Occurred 1752	Place of Incident (Be Specific) Breezeway in front of A Side Dining		Date Occurred 07/20/2016
Witness (1) Henderson, Arthur	Days Off Sat/Sun	Witness (3) N/A	Days Off N/A
Witness (2) Troseth, Jimmy	Days Off Fri/Sat	Witness (4) N/A	Days Off N/A

NARRATIVE

State a concise description of the details of the rule violations, covering all elements and answering the questions of When? Where? Who? What? Why? and How? Describe any injuries, property damage, use of force, etc. Attach all related reports.

On 7/20/2016 at approximately 1752 hours, I, Sgt. Finn was supervising mainline. During mainline, Offender Marks, Paul DOC# 321696 was being disruptive on the breezeway. I gave Offender Marks a directive to stand for search. He continued to be disruptive so I gave him a directive that I would be issuing him a sack lunch and that he can return to his unit. Offender Marks continued to argue and be disruptive on the breezeway. I gave Offender Marks 4 more directives to return to his unit and to disperse from my location. All directives were ignored, therefore I notified Stafford Creek Base that I had one refusing to disperse. Offender Henderson responded and applied wrist restraints. During the escort to F Unit, Offender Marks began to resist the escort and was actively trying to pull away from Officer Henderson. Due to him resisting orders, a spontaneous use of force was required to gain control and to stop the offenders actions of resisting staff's escort procedure.

Reporting Employee/Contract Staff Name (Last, First) (Print Name) Fenn, Zack		Shift 3rd	Days Off Sat/Sun
Evidence Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Evidence Case Number 16-369	Evidence Locker Number #4	Photo/Video Submitted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Description of Evidence 1 DVD			
Placed in Pre-Hearing Confinement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Administrative Segregation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		Recommended Sanction(s) N/A	
NAME(S) OF ALLEGED VICTIMS OF THIS INCIDENT			
Last, First 1) N/A	<input type="checkbox"/> Employee/Contract Staff	<input type="checkbox"/> Volunteer/Visitor/Other	<input type="checkbox"/> Offender DOC# N/A
Last, First 2) N/A	<input type="checkbox"/> Employee/Contract Staff	<input type="checkbox"/> Volunteer/Visitor/Other	<input type="checkbox"/> Offender DOC# N/A
Related Reports Attached <input type="checkbox"/> Supplemental <input type="checkbox"/> Medical <input type="checkbox"/> Employee/Contract Staff Witness Statements <input type="checkbox"/> Other (Specify)			

Reporting Employee/Contract Staff Signature 	Date 7/20/16
Infraction Review Officer Signature and Name (Last/First) Lt. E. J. ...	Date 07/20/16

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.



MY COPY GRIEV.
TROSETH

15
1st REPORT
INCIDENT REPORT

Date/Time of Incident 07/20/2016 1752 hours	Offenders Involved: Marks, Paul	DOC Number 321696	<input type="checkbox"/> Confidential Living Unit H3
Location Breezeway	Witnesses Involved: NA		
Use of Force Incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Incident: Refusing to disperse/Use of Force	Employees/Contract Staff/Volunteers Involved: Officer Troseth II, James, Officer Henderson, Arthur Sgt. Fenn, Zackary		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

On 07/20/2016 at approximately 1752 hours Sgt. Fenn, Zackary made radio notification of an offender refusing to disperse on the breezeway. I, Officer Troseth II, James, responded. When I arrived I assisted Officer Henderson, Arthur place offender Marks, Paul DOC# 321696 in wrist restraints. Once in wrist restraints Officer Henderson and I escorted offender Marks to F Unit with Sgt. Fenn filming the escort. I had control of offender Marks left side and Officer Henderson had control of offender Marks right side. During the escort offender Marks attempted to pull away from Officer Henderson, Officer Henderson assisted offender Marks to the ground while I maintained control of offender Marks left side. Once offender Marks was on the ground I assisted with putting him in to the recovery position. Once in the recovery position offender Marks stated he could no longer walk to F Unit. A wheelchair was brought from medical. I then assisted with placing offender Marks in to the wheel chair and finished escorting him to F Unit.

Immediate Action Taken:

Signature 	07/20/2016 Date	Corrections Officer Title	James Troseth II Name (Please Print)
---------------	--------------------	------------------------------	---

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

~~NO EXTRA COPY?~~
~~UNKNOWN~~
MY COPY

CO HENDERSON # 15
1ST REPORT

Date/Time of Incident 07-20-2016 1751		Offenders Involved: Marks, Paul		DOC Number 321696		<input type="checkbox"/> Confidential Living Unit H3	
Location outside the dinning hall		Witnesses Involved: Sgt. Fenn C/O Troseth					
Use of Force Incident? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Description of Incident:		Employees/Contract Staff/Volunteers Involved:					

Immediate Action Taken: Placed in restraints

CPI
Signature

Name. (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNER

Date/Time Received		Incident Number
Investigation Assigned To	By	Date

Comments:

Date

DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390,
DOC 420.500, DOC 420.550, DOC 620.200, DOC 620.550, DOC 620.700

#13 2ND REPORT



OFFENDER COPY

SERIOUS INFRACTION REPORT

Facility: SCCC-IMU

Infraction Group Number: 26

EMPLOYEE REPORT

Name: MARKS, Paul D.

DOC #: 321696

Date: 7/20/2016

 Number of rule(s) violated: 717 - REFUSAL/RESISTING/SAFETY
 509 - REFUSE TO PROCEED/DISPERSE AREA

Time: 17:52

Place: Food Services

Details in full: On 7/20/2016 at approximately 1752 hours, I, Sgt. Fenn was supervising mainline. During mainline, Offender AMrks, Paul DOC # 321696 was being disruptive on the breezeway. I gave the Offender Marks a directive to stand for search. He continued to be disruptive so I gave him a directive that I would be issuing him a sack lunch and that he can return to his unit. Offender MARKS continued to argue and be disruptive on the breezeway. I gave Offender MARKS 4 more directives to return to his unit and disperse from my location. All directives were ignored, therefore I notified Stafford Creek Base that I had one refusing to disperse. Offender Henderson responded and applied wrist restraints. During the escort to F Unit, Offender Marks began to resist the escort and was actively trying to pull away from Officer Henderson. Due to him resisting orders, a spontaneous use of force was required to gain control and to stop the offenders actions of resisting staff's escort procedure.

 Witnesses: Henderson, Arthur L.
 Troseth, James M.

ZACKARY J. FENN

Reporting Employee (Print)

Reporting Employee Signature

FACT FINDING DURING HEARING

Was offender informed of right to remain silent? ☒ Yes ☐ No

Date of Hearing: 8/4/2016

PLEA: GUILTY

NOT GUILTY 717, 509

NO PLEA

Did the offender make statement after being informed of his/her rights? ☒ Yes ☐ No

If so, what? At 5:30 H3 was called to dinner. I was walking to the chow hall, the Sgt he was a C/O in H4, my cellie struck a relationship with Fenn, that I/M and Sgt Fenn infringed me 3 times for being under the blanket. Sgt, Fenn saw me and told me to stand for search. There was no one to search me. Then I was told to go back to my Unit. Before I could move I was attacked by there C/O's. I have a back problem that causes my leg to go numb. I fell on the ground and the C/O's fell on top of me.

DECISION

FINDING: GUILTY 717, 509

NOT GUILTY

DISMISSED

REDUCED

Facts and evidence found: Based upon I/M statement, physical evidence (DVD) and Staff's written testimony

Sanction(s): 10 days segregation applied

10 days loss of good conduct time applied

Reason for sanction(s): Credit time served

Recommendations (Non-Sanction): 1st infraction of this kind. Within 320.150 Policy

L'Heureux, Thomas

Hearing Officer (Print)

Hearing Officer Signature

08-04-16

Date

Van Ogle, Dan

Superintendent/designee (Print)

Superintendent/designee Signature

08-04-16

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

OFFENDER COPY

THE FOLLOWING ARE COMPLAINTS I MADE
THAT WENT NOWARE. ~~KANGA~~ KANGAROO COURT
HEARING AND APPEAL LETTER I SENT THAT WENT
NOWARE



Confidential Copy

SUE L'ADUX
DOC

LOG I.D. NUMBER

1160116720

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial ☐ Emergency ☒ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name MARKS	First PAUL	Middle DAVID	DOC Number 321696	Facility/Office SCCC	Unit/Cell GA 74
COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia, WA 98504-1129					
MAILING ADDRESS: STREET OR P.O. BOX _____ CITY, STATE _____ ZIP CODE _____ TELEPHONE _____					

COMPLAINT: STAFF MISCONDUCT 8-4-16 I HAD A SO CALLED HEARING. THOMAS L'EUREY WAS READING THE INFRACTION REPORT TO ME. I WAS IN 'F' UNIT AT THE TIME. ONE OF THE STATEMENTS WAS I WAS BEING DISRUPTIVE ON THE BRISTLE WAY GOING TO CHOW. I ASKED WHAT DISRUPTIVE MEANT. HE IGNORED ME. I ASKED AGAIN. HE REPLIED "IT'S WHAT YOU ARE DOING NOW." I SAID "I'M JUST ASKING A QUESTION." HIS REPLY WAS SUGGESTED REMEDY: IF YOU DON'T LIKE IT I'LL STOP THE HEARING NOW AND RETURN YOU TO YOUR CELL. THE HEARING WAS HELD UNDER DURESS

Mandator

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____
☐ Administratively Withdrawn _____
☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

Date Received

- ☒ The complaint was resolved informally.
☐ Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: _____
☐ No rewrite received _____
☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

The disciplinary appeals process is available to you if you believe your rights were violated. Also remember 1 page per complaint

D. Dahne CSIII

Coordinator's Name (print)

Coordinator's Signature

Date



Confidential Offender Copy

LOG I.D. NUMBER

116616720

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial ☐ Emergency ☒ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name MARKS	First PAUL	Middle DAVID	DOC Number 321696	Facility/Office SCCC	Unit/Cell G-A24
COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia, WA 98504-1129					
MAILING ADDRESS: STREET OR P.O. BOX		CITY STATE		ZIP CODE	TELEPHONE

COMPLAINT:

ADD ANY FINDINGS UNDER THESE CIRCUMSTANCES
~~ARE~~ (DURESS, TAKEN BACK TO CELL IN 1MU "F" UNIT) ARE
UNCONSTITUTIONAL AND ILLEGAL AND UNFAIR AND PREJUDICIAL
LISTEN TO THE TAPE!! IF THIS ISN'T STAFF MISCONDUCT
THEN WHAT IS IT

SUGGESTED REMEDY:

Mandatory

Signature

Paul Marks

Date

8-4-16

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____
☐ Administratively Withdrawn _____
☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

Date Received

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting needed. (See below.)
 Return within 5 working days or by: _____
☐ No rewrite received _____
☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Coordinator's Name (print)

Coordinator's Signature

Date

Confidential Offender Copy



LOG I.D. NUMBER

OFFENDER COMPLAINT

CHECK ONE:

☒ Initial☐ Emergency☒ Appeal☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name MARKS	First PAUL	Middle DAVID	DOC Number 321696	Facility/Office SCCC	Unit/Cell G A 24
---------------------------	----------------------	------------------------	-----------------------------	--------------------------------	----------------------------

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia, WA 98504-1129

MAILING ADDRESS: STREET OR P.O. BOX _____ CITY STATE _____ ZIP CODE _____ TELEPHONE _____

COMPLAINT: IT IS GRIEVABLE ITEMS.

I HAD A HEARING ON 8-4-16 BEFORE THE HEARING STARTED I ASKED THOMAS L'HEUREUX WHAT "ACTING UP" MEANT I ASKED HIM TWICE. HE RETORTED TO ME "IT'S WHAT YOU ARE DOING NOW AND IF YOU DON'T LIKE IT I'LL STOP THE HEARING NOW AND HAVE YOU RETURNED TO YOUR CELL. THIS WAS RETALIATION IL ITS OURSST FORM FOR ASKING A QUESTION. I'LL SEND YOU BACK TO YOUR CELL

SUGGESTED REMEDY: GET RID OF HIM.

HE IS NOT QUALIFIED TO BE A HEARING OFFICER. PERSONAL ANTIMOSITY TOWARDS IL MATES

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

☒ It is not a grievable issue.

☐ You requested to withdraw the complaint.

☐ You failed to respond to callout (sheet) on _____

☐ Administratively Withdrawn _____

☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

Date Received

SCCC

8/19/16

☐ The complaint was resolved informally.

☐ Additional information and/or rewriting needed. (See below.)

Return within 5 working days or by: _____

☐ No rewrite received _____

☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

You may address your issues through the disciplinary appeals process

Coordinator's Name (print)

Coordinator's Signature

Date

D. Dahne CSIII

DOC 05-165 Front (Rev. 02/14/13)

DOC 310.100, DOC 550.100



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

DISCIPLINARY HEARING APPEAL

FROM: PAUL MARKS 321696 8-5-16
Offender Name (Print) DOC Number Date

I am appealing the decision of my ☒ serious infraction / WAC number (s) 509,556, 717
☐ general infraction / WAC number (s) _____

hearing held on 8-4-16 at SCCC by Thomas L'Heureux
Date Location Hearing Officer

The reason(s) for this appeal are:

I have been singled out for harrassment by SGT Fenn. and on
7/20/2016, while on my way to chow I was stpped and told to
stand for search... wherein I complied by outstretching my arms
and spreading my legs... I stood at this position for what seemed
like close to one minute and no pat search was initiated...
I can only asume that this was an attempt at comedy by the SGT
in front of the other officers... When it became apparent that I
was to be detained, I compleied with all commands and was escorted
to "F" unit. I was manhandled while being walked to "F" unit and
I could not comply with instructions as my arms were being twised
and my head/neck were being forced into a painful position(see
video created/filmed by SGT Fenn on 7/20/16) This incident has
resulted in my ribs being bruised from numerous "knee kicks"
and hospitilization from a siezure brought on by the mistreatment

**It is recommended that no more than 2 pages are submitted, however, additional pages may be attached, if necessary.*

X. (pg 1 of 2)

Serious infraction appeals must be submitted to the Superintendent within 15 working days, after receiving notice of the hearing officer's decision per WAC 137-28-380.


- Minor infraction appeals must be submitted within 24 hours after receiving notice of the action taken per WAC 137-28-350. Attach a copy of the General Infraction Report with this appeal.
- Sanctions WILL NOT BE STAYED pending the outcome of an appeal.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14

cont from pg 1....

on 7/20/16... (see medical out-trip to Aberden Medical center)I was treated for injuries sustained during the officer's excessive force. I assert that I am not guilty of these major infractions and that officers created this situation for entertainment and retaliation for prior grievance(s) relating to my purported failure to comply with vauge or overbroad instruction or my hearing loss. Please note that I was born in 1945 and cannot be expected to comply quickly with any complicated instructions. Thank you for your consideration in hearing this appeal. Also please note: I was unconscience and could not comply!! when I "laid down on the floor"....^{#556}

respectfully Submitted,


Paul Marks 321696

Attachment(s)

WAC 137-28-380



Confidential
Offender Copy

LOG I.D. NUMBER

1166116618

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial ☐ Emergency ☒ Appeal ☒ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name MARKS	First PAUL	Middle DAVID	DOC Number 321696	Facility/Office SCCC	Unit/Cell GA 24
COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.					
MAILING ADDRESS: STREET OR P.O. BOX		CITY STATE		ZIP CODE	TELEPHONE
<p>COMPLAINT: ON 7-20-16 <u>ZACK FINN</u> A SGT AT SCCC AT ABOUT 5:30 TOLD ME TO STAND FOR CONF SURCH. I COMPLIED HE THEN ORDERED ME TO RETURN TO MY UNIT. BEFORE I COULD REACT I WAS ASSAULTED BY OTHER CO.'S QUESTION 1. WHY WAS I SINGLED OUT 2. WHAT DOES DISRUPTIVE ON BREEZWAY MEAN? SEE INITIAL SERIOUS INFRACTION REPORT ATTACHMENT THIS WAS A RETALIATION, PREMATED, TO CAUSE INJURY TO ME INITIAL SERIOUS INFRACTION REPORT IS <u>ALL LIES</u>. IF YOU ARE A GOOD INVESTIGATOR, ASK THE PROPER QUESTIONS!</p>					
<p>SUGGESTED REMEDY: SGT ZACK FINN FIRE HIM TODAY</p>					
Mandatory			Signature <u>Paul Marks</u>		Date <u>8-17-20</u>

GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because: <input checked="" type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout (sheet) on _____ <input type="checkbox"/> Administratively Withdrawn _____ <input type="checkbox"/> The formal grievance/appeal paperwork is being prepared. <input type="checkbox"/> Not accepted		Facility/Office <u>SCCC</u> Date Received <u>8/19/18</u> <input type="checkbox"/> The complaint was resolved informally. <input type="checkbox"/> Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: _____ <input type="checkbox"/> No rewrite received _____ <input type="checkbox"/> Sent to _____ (facility) on _____ (date).
EXPLANATION: Incident adjudicated through disciplinary process you may appeal through that process (IGN 26)		
Coordinator's Name (print) D. Dahne CSIII Coordinator's Signature <u>[Signature]</u> Date <u>8/24/18</u>		



Confidential
Offender Copy

LOG I.D. NUMBER

11dellde17

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial ☐ Emergency ☒ Appeal ☒ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name MARKS	First PAUL	Middle DAVID	DOC Number 321.696	Facility/Office SCCC	Unit/Cell G A 24
COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia, WA 98501-1129.					
MAILING ADDRESS - STREET OR P.O. BOX		CITY STATE		ZIP CODE	TELEPHONE

COMPLAINT: ABOUT CO. TROSETH - SEE INCIDENT REPORT
 WAS HE WHO KNUCK ME IN MY STOMACH AND TWISTED MY HEAD AND
 NECK? INVESTIGATOR ASKS RIGHT QUESTIONS

SUGGESTED REMEDY: CO. TROSETH
 FIRE HIM TODAY

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____.
☐ Administratively Withdrawn _____.
☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

Date Received

SCCC

8/15/16

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting needed. (See below.)
 Return within 5 working days or by: _____.
☐ No rewrite received _____.
☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

You were infraacted in regard to this incident. It has been appropriately adjudicated through the disciplinary process. (See IGN 26)

Coordinator's Name (print)

D. Dahne CSIII

Coordinator's Signature

Date

8/22/16



Confidential Offender Copy

LOG I.D. NUMBER

1166/166/16

OFFENDER COMPLAINT

CHECK ONE: ☒ Initial ☐ Emergency ☒ Appeal ☒ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name MARKS	First PAUL	Middle DAVIN	DOC Number 321696	Facility/Office SCC	Unit/Cell G A 24
COMMUNITY SUPERVISION: Send completed copies of this form directly to Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia, WA 98504-1129.					
MAILING ADDRESS: STREET OR P.O. BOX			CITY, STATE	ZIP CODE	TELEPHONE

COMPLAINT: ABOUT C/O HENDERSON SEE ATTACHMENT AT 5:30 H 3 UNIT WAS CALLED TO ~~LUNCH~~ DINNER SGT FINN TOLD ME TO COME TO HIS LOCATION. I COMPLIED. HE SAID "STAND FOR SURCH I DID THEN I WAS TOLD TO GO TO MY UNIT BEFORE I COULD REACT C.O. HENDERSON ATTACKED ME PUT ME IN CUFFS AND ASSULTED ME. SEE INCIDENT REPORT. ALL LIES.

A GOOD INVESTIGATOR ASKS ALL THE RIGHT QUESTIONS
KNEED ME IN STOMACH
TWISTED MY HEAD + NECK

SUGGESTED REMEDY: C.O. HENDERSON

FIRE Him TODAY

Mandatory

Signature

Paul Marks

Date

8-17-16

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☒ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____
☐ Administratively Withdrawn _____
☐ The formal grievance/appeal paperwork is being prepared.

Facility/Office

SCC

Date Received

8/14/16

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting needed. (See below.)
 Return within 5 working days or by: _____
☐ No rewrite received _____
☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Not grievable. This incident resulted in an infraction for which you were found guilty and will not be addressed through the grievance process (See IGM #26)

D. Dabne CSIII

Coordinator's Name

Coordinator's Signature

[Signature]

Date

8/24/16



Infraction Group Number: 26

DISCIPLINARY HEARING MINUTES AND FINDINGS

Offender Name (Last, First) MARKS, Paul D.		DOC Number 321696	
Date of Hearing 7/25/2016	Time of Hearing 1000	Violation Date 7/20/2016	Waived 24 Hours Notice <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Waived Appearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Offender's Plea: Guilty

Not Guilty

Hearing Impaired:

☐ Yes ☒ No

Interpreter:

☐ Yes ☒ No

Competency Concerns:

☐ Yes ☒ No

Department Advisor:

☐ Yes ☒ No

Confidential Information:

☐ Yes ☒ No

Witness Statement Returned:

☐ Yes ☒ No

Witness Statement Denied:

☐ Yes ☒ No

Reason:

Name:

Name:

☐ N/A☐ N/A

OFFENDER COPY

Hearing Summary List Witnesses Testifying / Evidence Used / Reasons for Continuances, Video Review Summary/Any Relevant Information:

at 5:30 H3 was called to dinner. I was walking to the chow hall, the SGT, he was a c/o in H4, my cellie struck a relationship with Fern. That I'm a SGT Fern infractioned me 3 times for being under the blanket. SGT Fern said me is told me to stand for search. There was a search me.

LIST EACH WAC 137-28 RULE VIOLATION SEPARATELY

VIOLATION NO.	FINDING				REASON
	Guilty	Not Guilty	Dismissed	Reduced	
509	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Based upon Jim's statement, physical evidence (DVO), & staff's written testimony
717	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sanction(s):

10 day 160 days 200 CFTS
Reason for sanction(s): 1st infraction of this kind

Recommendations (Non-Sanction):

then I was told to go to my unit. Before I could move I was attack by the S c/o's. I have a back problem that cause my leg to be numb. I fell on the ground & the c/o fell top of me.

I Have Received a Copy of this Form:

Unable to sign
Offender or Employee Witness (Print)

Offender or Employee Witness Signature

8/14/16 1128
Date Time

Thomas L. Houseux
Hearing Officer (Print)

Thomas L. Houseux
Hearing Officer Signature

4 Aug 16 1128 hrs
Date Time

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

PAGE 1 OF 2



DISCIPLINARY HEARING MINUTES AND FINDINGS

Offender Name (Last, First) MARKS, Paul D.			DOC Number 321696	
Date of Hearing 7/25/2016	Time of Hearing 1000	Violation Date 7/20/2016	Waived 24 Hours Notice <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Waived Appearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Offender's Plea: Guilty

Not Guilty

Hearing Impaired:

☐ Yes ☒ No

Interpreter:

☐ Yes ☒ No

Competency Concerns:

☐ Yes ☒ No

Department Advisor:

☐ Yes ☒ No

Confidential Information:

☐ Yes ☒ No

Witness Statement Returned:

☐ Yes ☒ No

Witness Statement Denied:

☐ Yes ☒ No☐ N/A☐ N/A

Reason:

OFFENDER COPY

Hearing Summary List Witnesses Testifying / Evidence Used / Reasons for Continuances, Video Review Summary/Any Relevant information:

at 5:30 H3 was called to dinner. I was walking to the chow hall, the SGT, he was a c/o in H4, my cellie struck a relationship with Fern. That I'm a SGT Fern infraacted me 3 times for being under the blanket. SGT Fern saw me & told me to stand for search. There was a search me.

LIST EACH WAC 137-28 RULE VIOLATION SEPARATELY

VIOLATION NO.	FINDING				REASON
	Guilty	Not Guilty	Dismissed	Reduced	
509	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Based upon I'm statement, physical evidence (DVD), & staff's written testimony
717	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sanction(s):

10 day 160 days 200 CFTS
Reason for sanction(s): 15 infractions of this kind

Recommendations (Non-Sanction):

then I was told to go to my unit. before I could move I was attack by the c/o's. I have a back problem that cause my leg to be numb. I fell on the ground & the c/o fell top of me.

I Have Received a Copy of this Form:

X Unable to sign

Offender or Employee Witness Signature

Date

Time

Hearing Officer (Print)

Hearing Officer Signature

Date

Time

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PAGE 1 OF 2

About 2nd / 1mu tripSTATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

DISCIPLINARY HEARING APPEAL

FROM: PAUL MARKS 321696 8-5-16
Offender Name (Print) DOC Number Date

RECEIVED

I am appealing the decision of my ☒ serious infraction / WAC number (s) 509,556, 717
☐ general infraction / WAC number (s) _____

hearing held on 8-4-16 at SCC by Thomas L'Heureux
Date Location Hearing Officer

SCCC HEARINGS DEPARTMENT

The reason(s) for this appeal are:

I have been singled out for harrasment by SGT Fenn. and on
7/20/2016, while on my way to chow I was stopped and told to
stand for search... wherein I complied by outstretching my arms
and spreading my legs... I stood at this position for what seemed
like close to one minute and no pat search was initiated...
I can only asume that this was an attempt at comedy by the SGT
in front of the other officers... When it became apparent that I
was to be detained, I compleied with all commands and was escorted
to "F" unit. I was manhandled while being walked to "F" unit and
I could not comply with instructions as my arms were being twised
and my head/neck were being forced into a painful position(see
video created/filmed by SGT Fenn on 7/20/16) This incident has
resulted in my ribs being bruised from numerous "knee kicks"
and hospitilization from a siezure brought on by the mistreatment

**It is recommended that no more than 2 pages are submitted, however, additional pages may be attached, if necessary.*

- X. (pg 1 of 2) Serious infraction appeals must be submitted to the Superintendent within 15 working days, after receiving notice of the hearing officer's decision per WAC 137-28-380.
- Minor infraction appeals must be submitted within 24 hours after receiving notice of the action taken per WAC 137-28-350. Attach a copy of the General Infraction Report with this appeal.
 - Sanctions WILL NOT BE STAYED pending the outcome of an appeal.

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DISCIPLINARY HEARING NOTICE/APPEARANCE WAIVER

Infraction Group Number: 26

Offender Name MARKS, Paul D.	DOC Number 321696	Facility SCCC-IMU	Date 7/22/2016
Type of Review	Hearing Scheduled Date 7/25/2016	Location SCCC-IMU	Time 1000
<input type="checkbox"/> Disciplinary			

Reason For Hearing (Include all Allegations of Misconduct, if Appropriate)

717 - Causing a threat of injury to another person by resisting orders, assisted movement, or physical efforts to restrain
 509 - Refusing a direct order by any staff member to proceed to or disperse from a particular area

Interpreter Name/Date

- ☐ I Have Been Provided A Certified Sign Language Interpreter
☐ I Have Been Provided With A Spanish Translation Of The Charges Against Me On

OFFENDER COPY

Date

AT

Time

Offender Signature

Offender Rights:

- ☒ You have the right to remain silent at the hearing. If you choose to remain silent, your silence may be used against you and the decision will be based on the evidence presented.
- ☒ You may waive your appearance at the hearing.
- ☒ You do not have a right to cross-examine witnesses, have the infracting staff present at the hearing, have access to video, have access to audio from the offender phone system, or have a polygraph or other supplemental test(s).
- ☒ You may request witness statements and/or that staff, offenders, or other persons be present as witnesses, unless it is determined by the hearing officer that doing so would be unduly hazardous to facility safety or security: (list witnesses below)

EMPLOYEE NAME	STATEMENT	WITNESS	POSITION	OFFENDER NAME	STATEMENT	WITNESS	DOC NUMBER
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

- ☒ Criminal charges may be pending. Anything you say henceforth may be used against you in a court of law.

Status Of Criminal Charges:

☐ None☒ Unknown☐ Pending in

County

Charges

- ☒ You have the right to review all related reports and a summary of any confidential information.
- ☒ You may request a Department advisor. ☒ Requested ☐ Waived
- ☒ You may request an interpreter if you are unable to read, speak, or understand English. ☐ Requested ☒ Waived
- ☒ You may request a certified sign language interpreter if you are hearing impaired. ☐ Requested ☒ Waived
- ☒ You may appeal the decision and/or sanctions to the superintendent/facility supervisor within 15 working days.
- ☒ If you are an indeterminate sentence case and within 60 days of an established release date, a guilty finding could result in the cancellation of your release date.
- ☒ I, Paul Marks, DOC # 321696 waive my right to the required 24 hours notice prior to being seen by the Disciplinary Hearing Officer and authorize the Disciplinary Hearing Officer to make a disposition regarding the information and evidence presented to the Disciplinary Hearing Officer as pertains to my particular situation.
- ☒ I, _____, DOC # _____ waive my right to attend this scheduled hearing. I Understand that the hearing will be held in my absence.

Copy of this form and infraction, with attachments received.

X Paul Marks 8-4-16 1010

% Crane 8-4-16 1010

Offender/Witness Signature

Date

Time

Employee Signature

Date

Time

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Distribution: ORIGINAL - Imaging System/Central File

COPY- Hearing Officer, Offender

DOC 05-093 (Rev. 12/08/15) E-Form

DOC 450.500, DOC 460.000

Scan Code: Packet (IF01), Individual (SD07)

[4-4236]



DISCIPLINARY HEARING NOTICE/APPEARANCE WAIVER

Infraction Group Number: 26

Offender Name MARKS, Paul D.	DOC Number 321696	Facility SCCC-IMU	Date 7/22/2016
Type of Review <input type="checkbox"/> Disciplinary	Hearing Scheduled Date 7/25/2016	Location SCCC-IMU	Time 1000

Reason For Hearing (Include all Allegations of Misconduct, if Appropriate)

717 - Causing a threat of injury to another person by resisting orders, assisted movement, or physical efforts to restrain
 509 - Refusing a direct order by any staff member to proceed to or disperse from a particular area

Interpreter Name/Date

- ☐ I Have Been Provided A Certified Sign Language Interpreter
☐ I Have Been Provided With A Spanish Translation Of The Charges Against Me On

OFFENDER COPY

Date _____ AT _____ Time _____ Offender Signature _____

Offender Rights:

- ☒ You have the right to remain silent at the hearing. If you choose to remain silent, your silence may be used against you and the decision will be based on the evidence presented.
- ☒ You may waive your appearance at the hearing.
- ☒ You do not have a right to cross-examine witnesses, have the infracting staff present at the hearing, have access to video, have access to audio from the offender phone system, or have a polygraph or other supplemental test(s).
- ☒ You may request witness statements and/or that staff, offenders, or other persons be present as witnesses, unless it is determined by the hearing officer that doing so would be unduly hazardous to facility safety or security: (list witnesses below)

EMPLOYEE NAME	STATEMENT	WITNESS	POSITION	OFFENDER NAME	STATEMENT	WITNESS	DOC NUMBER
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

- ☒ Criminal charges may be pending. Anything you say henceforth may be used against you in a court of law.

Status Of Criminal Charges: ☐ None ☒ Unknown ☐ Pending in _____ County _____ Charges

- ☒ You have the right to review all related reports and a summary of any confidential information.
- ☒ You may request a Department advisor. ☒ Requested ☐ Waived
- ☒ You may request an interpreter if you are unable to read, speak, or understand English. ☐ Requested ☐ Waived
- ☒ You may request a certified sign language interpreter if you are hearing impaired. ☐ Requested ☒ Waived
- ☒ You may appeal the decision and/or sanctions to the superintendent/facility supervisor within 15 working days.
- ☒ If you are an indeterminate sentence case and within 60 days of an established release date, a guilty finding could result in the cancellation of your release date.

☒ I, Paul Marks, DOC # 321696 waive my right to the required 24 hours notice prior to being seen by the Disciplinary Hearing Officer and authorize the Disciplinary Hearing Officer to make a disposition regarding the information and evidence presented to the Disciplinary Hearing Officer as pertains to my particular situation.

☒ I, _____, DOC # _____ waive my right to attend this scheduled hearing. I Understand that the hearing will be held in my absence.

Copy of this form and infraction, with attachments received.

X Paul Marks 8-4-16 1010

% Crane 8-4-16 1010

Offender/Witness Signature _____ Date _____ Time _____ Employee Signature _____ Date _____ Time _____
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Distribution: ORIGINAL - Imaging System/Central File

COPY- Hearing Officer, Offender

DOC 05-093 (Rev. 12/08/15) E-Form

DOC 450.500, DOC 460.000

Scan Code: Packet (IF01), Individual (SD07)

[4-4236]

2 ND 1 MU TRIP

cont from pg 1....

on 7/20/16... (see medical out-trip to Aberdeen Medical center) I was treated for injuries sustained during the officer's excessive force. I assert that I am not guilty of these major infractions and that officers created this situation for entertainment and retaliation for prior grievance(s) relating to my purported failure to comply with vauge or overbroad instruction or my hearing loss. Please note that I was born in 1945 and cannot be expected to comply quickly with any complicated instructions. Thank you for your consideration in hearing this appeal. Also please note: I was unconscience and could not comply!! when I "laid down on the floor"....^{#556}

respectfully Submitted,

RECEIVED

SEP 09 2016

SCCC HEARINGS DEPARTMENT


Paul Marks 321696

Attachment(s)
WAC 137-28-380

**DISCIPLINARY HEARING APPEAL DECISION**

To MARKS, Paul D.	DOC # 321696	Date 9/9/2016
From Hearing Dept	Superintendent/Designee Assoc Supt Jeneva Cotton	

OFFENDER COPY

On 8/4/2016, a Department Hearing was held for the WAC violation(s) listed:

The Hearing Officer found you guilty of committing one or more violations and imposed the following

sanction (s): 10 days segregation applied
10 days loss of good conduct time applied

On 9/9/2016, an appeal of this hearing was received from you in which you requested review of the Hearing Officer's decision and/or sanction.

You appealed:

- ☒ The finding(s) of guilt
☐ The sanction(s) imposed

In summary, your appeal states:

That you complied with all commands while being escorted to F Unit and that you were "mistreated". You also state you were "born in 1945 and cannot be expected to comply quickly with any complicated instructions."

In reviewing your appeal, I have made the following determination(s):

- ☒ The disciplinary hearing process was conducted in accordance with Due Process requirements and WAC 137-28.
☒ At least 24 hours advance written notice was provided or you waived the 24 hour advance notice in writing/with witness.
☒ You were provided an opportunity to call witnesses and present documentary evidence on your behalf. If witness(es) were denied, the Hearing Officer provided you with written reason(s) for the denial.
☒ The finding was made by an impartial (i.e., not viewed as biased or having witnessed the incident being heard) Hearing Officer.
☒ A written statement of the finding(s) and sanction(s) imposed was provided to you and includes the evidence relied upon and the reason(s) for the decision.
☒ Sanction(s) are in accordance with DOC Presumptive Sanction Guidelines and WAC 137-28.

If confidential information was submitted, I have confirmed:

- ☐ The Hearing Officer made an independent determination regarding reliability of the confidential source(s), credibility of the information, and safety concerns that justify non-disclosure of the confidential source(s) of information.
☐ The above information was documented on DOC 17-072 Confidential Information Review Checklist.

On behalf of the Superintendent, I have investigated your appeal and find that:

All pertinent information has been collected and reviewed. The information received and video evidence supports the findings of guilt for the violation of WAC 717 and WAC 509 and the sanctions are within established guidelines. You did not comply with directives and therefore the guilty finding for both violations is affirmed.

- ☒ You were found guilty as explained above.
☐ There was insufficient evidence for a finding of guilt as explained below.
☐ A procedural error occurred as explained below.
☒ The sanction was appropriate, and you were provided with the Hearing Officer's written report.
☐ Other:

AND THEREFORE, the decision of the Hearing Officer is:

- ☒ Affirmed
☐ Remanded for a new hearing. (You will be notified of the hearing date).
☐ Reversed
☐ Reduced
☐ Modified as follows:

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7-20-16

2ND EVENT

+

MEDICAL RECORDS
OF 7-20-16
TO 7-22-16 ?

+

PUBLIC DISCLOSURE
DOCUMENTS

PUBLIC
DISCLOSURE

RADIO
5:15-6:15 INSIDE IMU



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P.O. Box 41100 • Olympia, Washington 98504-1100

November 15, 2016

Paul Marks, DOC#321696
Stafford Creek Corrections Center
IMU – FA05
191 Constantine Way
Aberdeen, WA 98520

Mr. Marks:

We received your payment of \$4.87 for the 1st installment of your public records request, **PRU-43634**, for any and all incident reports, including but not limited to use of force against you on or about July 20, 2016, all related reports that directly or indirectly involve the events that led to your transportation to the outside hospital. This request also includes the times and dates you were transported to and from Stafford Creek Corrections Center facility, from July 20, 2016 to July 28, 2016.

Enclosed is the 1st installment of 22 pages responsive to your request. Redactions have been made as appropriate per statute and are noted on the denial form, which is also enclosed. Please note that we provided these documents to you in accordance with the Public Records Act. By making agency documents available to you, the Department is not responsible for your use of the information or for any claims or liabilities that may result from your use or further dissemination.

We will now begin processing the next installment of your request, and will update you on the status *within 61 business days, on or before February 13, 2017.*

Sincerely,

A handwritten signature in black ink, appearing to read "Mara Rivera".

Mara Rivera

Public Disclosure Specialist
Department of Corrections
Public Disclosure Unit
P.O. Box 41118
Olympia, WA 98504

MR: PRU-43634

"Working Together for SAFE Communities"

(2)

**STATE OF WASHINGTON
DEPARTMENT OF
CORRECTIONS****AGENCY DENIAL FORM / EXEMPTION LOG**Date: 11/15/2016Tracking Number: PRU-43634 1st Installment

Requestor Name and

Address: Paul Marks, DOC#321696
Stafford Creek Corrections Center
IMU – FA05
191 Constantine Way
Aberdeen, WA 98520

Denial of Disclosure Decided by (Name/Title): Mara Rivera, Public Records Specialist

YOUR REQUEST FOR DISCLOSURE OF THE RECORDS IDENTIFIED WITHIN THE CORRESPONDING MATERIALS HAS BEEN DENIED TO THE EXTENT AND FOR THE REASON(S) SET FORTH BELOW.

Each exemption applied to the records is associated with a number in the **EXEMPTIONS SECTION** below, which explains the exemption(s) relied upon to make redactions to the records.

EXEMPTIONS SECTION

The following section identifies and explains the exemptions relied upon in the above table(s):

5-COMPUTER SECURITY AND INMATE PERSONAL IDENTIFICATION (IPIN) NUMBERS – These records contain computer access paths, codes, IPIN telephone access codes, or similar information, the release of which may compromise the security of the computer and/or telecommunication systems and information, and have been redacted per the following citation:

RCW 42.56.420(4) - "Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities."

4

OMNI: IMRS - Search Incident Report

Page 1 of 2

Printed by: Eric Mainio

Incident Information

Incident Number: 16-46460
 Facility : SCCC
 Location : Breezeway
 Place : Breezeway
 Confidential ? : No
 Facility Lockdown ? : No
 Restricted Movement ? : No
 STG Incident ? : No
 Property Damage ? : No
 Date and Time of Incident : 07/20/2016 17:52
 Reporting Staff : Mainio, Eric W
 Date and Time Submitted : 07/20/2016 21:09
 Creating Staff: Mainio, Eric W

Primary Incident Type

Primary Incident Category : Offender
 Primary Incident Type : Use of Force
 Physical Yes
 OC No
 Modifiers : EID/Taser No
 Specialty Impact No
 Unholstered Firearm No
 Mandatory Confidential : N

Involved Offenders

Doc Nb : 321696 Name : MARKS, Paul D Gender : Male Race : White STG Group:
 Community Concerns: No Active Warrant: No Injured ? : No Hospitalized ? : No

Involved Staff

Name	Position Description	Injured ?	Hospitalized ?
Name : Fann, Zackary J	Position Description : Corrections/Custody Officer 3	No	No
Name : Henderson, Arthur L	Position Description : Corrections/Custody Officer 2	No	No
Name : Troseth, James M II	Position Description : Corrections/Custody Officer 2	No	No
Name : Malone, Kimberly L	Position Description : Registered Nurse 2	No	No

Other Participants

Type : Gender: Last name : First name : Comment : Injured ? : No Hospitalized ? : No

Other Agencies Contacted

(5)

OMNI: IMRS - Search Incident Report

Page 2 of 2

Agency Type	Agency Name	Date Contacted	Time Contacted	Comments
Narrative				
Date	Narrative			
07/20/2016	<p>On 07/20/16 at approximately 1752 hours, Sgt. Fenn directed Offender Marks #321696 to stand for search on the breezeway in front of the dining halls. During the process Marks became verbally disruptive and was given multiple directives to return to his unit. Marks refused all directives and Sgt. Fenn made notification of an offender refusing to disperse. Staff on scene placed Marks into restraints without incident. Sgt. Fenn began video recording and directed Officers Henderson and Troseth to escort Marks to Segregation. During the escort Marks tried to pull away from Officer Henderson and resist his escorted movement. Henderson used force by maintaining control of Marks right arm. His control was failing and Henderson applied a soft knee strike to his right side in an attempt to distract and keep him from pulling away. At this point Marks complied and followed directives from Sgt. Fenn to stop resisting. Marks was placed on his knees at which time he said he could not walk. A wheelchair was requested and Marks was transported by wheelchair for the remainder of the escort. In F-unit Marks was assessed by RN Malone and she could not identify any injuries from the Use of Force. Marks remained non-compliant and his restraints were removed in the holding cell. Marks made no comment on the use of force. Documentation gathered and Duty Officer Jean Anderson was notified.</p>			



SHIFT COMMANDER / UNIT SUPERVISOR USE OF FORCE REPORT

Offender(s) Name Marks, Paul		DOC Number(s) 321696
Facility/Location SCCC / Breezeway	Date 07/20/16	Time 1752 Hours
IMRS Number 16-46460	Emergent <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OC Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

DETAILED DESCRIPTION OF INCIDENT (Include actions occurring before, during, and after force was used)

On 07/20/16 at approximately 1752 hours, Sgt. Fenn directed Offender Marks #321696 to stand for search on the breezeway in front of the dining halls. During the process Marks became verbally disruptive and was given multiple directives to return to his unit. Marks refused all directives and Sgt. Fenn made notification of an offender refusing to disperse. Officer Henderson was on scene and placed Marks into restraints without incident. Sgt. Fenn began video recording and directed Officers Henderson and Troseth to escort Marks to Segregation. During the escort Marks tried to push into and pull away from Officer Henderson and resist his escorted movement. Henderson used force by applying upward pressure to Marks right arm in an attempt to keep him from pulling away. This attempt at control failed and Henderson applied a soft knee strike to Marks' right side mid-section in an attempt to distract and keep him from pulling away. At this point Marks complied and followed directives from Sgt. Fenn to stop resisting. Marks was placed on his knees at which time he said he could not walk and refused all further staff directives. A wheelchair was requested and Marks was transported by wheelchair for the remainder of the escort. In F-unit Marks was assessed by RN Malone and she could not identify any injuries from the Use of Force. Marks remained non-compliant and his restraints were removed in the holding cell. Marks made no comment on the use of force. Documentation gathered and Duty Officer Jean Anderson was notified.

DESCRIPTION OF WHAT FORCE WAS USED

Officer Henderson had control of Marks' right wrist and elbow during the escort. As Marks attempted to pull away from Henderson's control, Henderson applied upward pressure on Marks right arm in an attempt to stop his aggressive movements. Henderson's attempt to maintain control was ineffective so he delivered a soft knee strike to Marks' mid-section. Once Marks was in a kneeling position, Henderson placed his hands on the back of Marks' head and held his head in a position to face forward.

OFFENDER COMMENTS

Offender Marks would not comment on the use of force.

INJURIES

No injuries were noted for Offender Marks or the staff involved.

Restraints Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type: Mechanical Wrist and Ankle Restraints	
Checked by Health Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time 1800 Hours	Health Services Employee/Contract Staff Name(s) RN Malone

NAME(S) OF EMPLOYEES DIRECTLY INVOLVED		
NAME	TITLE	INVOLVEMENT
Zack Fenn	Shift Sergeant / QRST Leader	Strike Team Leader / Supervisor Use of Force
Arthur Henderson	Quick Response Strike Team	Escort Officer / Used force
James Troseth III	Quick Response Strike Team	Escort Officer

MISCELLANEOUS				
Approval for force option(s) obtained		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Date	Time Hours
Approval received from		Name / Title		
Reported to the Superintendent/Facility Duty Officer		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date 07/20/16	Time 1800 Hours
Reported to the Assistant Secretary for Prisons/ Headquarters Duty Officer		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Date	Time Hours
Photographs Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photographer's Name		
Video Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Camera Operator's Name Zack Fenn	Reason Not Recorded	
Property Damage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description		
Law Enforcement Notified	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	Time Hours	Name

PREVENTATIVE AND/OR CORRECTIVE ACTIONS SUGGESTED
In review of the escort video it is evident the wrist restraints were applied improperly, the escort officer was utilizing an improper escort contact point, and he was not utilizing required Personal Protective Equipment (PPE) i.e. gloves.
The officer also responded to the offender's resistance with ineffective control techniques; which are not part of the staff Use of Force Training curriculum, and are likely a partial result as to why the officer elevated his force options.
I suggest the officer involved receive remedial or additional In-Service Use of Force training (Control Impedance Tactics). The above errors and proper procedures are all covered in the current In-Service training for Custody Staff.
SIGNATURES
SHIFT COMMANDER / UNIT SUPERVISOR
<input type="checkbox"/> I have reviewed the actions of the employees involved and find that they have acted in accordance with all Department policies.
<input checked="" type="checkbox"/> I do not concur with actions of the employees involved and I recommend that an investigation of the incident be initiated.
Comments: When reviewing the exact nature of this incident and considering the totality of circumstances facing the staff on scene, I find the use of impedance tactics unnecessary for the level of resistance exhibited by the offender. This conclusion is based upon my experience and level of training. It is also my conclusion that the officer increased his level of force due to improper and failed Control Tactics and his only intent was to regain control.

LT. ERIC MANIO
Shift Commander/CUS Signature (Print Name)

LT. Fenn
Shift Commander/CUS Signature

07/25/16
Date

8

CAPTAIN	
<input type="checkbox"/>	I have reviewed the actions of the employees involved and find that they have acted in accordance with all Department policies.
<input checked="" type="checkbox"/>	I do not concur with actions of the employees involved and I recommend that an investigation of the incident be initiated.
Comments:	
I concur with Lt. Mainio's assessment. The level of resistance offered by the offender did not justify the level of force used.	

FRANK RIVERT
Captain Signature (Print Name)

[Signature]
Captain Signature

7/26/16
Date

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ASSOCIATE SUPERINTENDENT	
<input type="checkbox"/>	I have reviewed the actions of the employees involved and find that they have acted in accordance with all Department policies.
<input checked="" type="checkbox"/>	I do not concur with actions of the employees involved and I recommend that an investigation of the incident be initiated.
Comments: <i>I concur with the LT. and Captain's assessment. Force used was excessive.</i>	

Dan Van Ople
Associate Superintendent (Print Name)

DVO
Associate Superintendent Signature

7-27-16
Date

The contents of this document may be eligible for public disclosure. This form is governed by executive Order 0-03, RCW 42.56, and RCW 40.

Distribution: ORIGINAL - Superintendent

COPY - Shift Commander/Unit Supervisor

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USE OF FORCE REPORT

Date/Time of Incident 07-20-2016 1755 Hours	Offender(s) Involved: Marks, Paul	DOC Number(s) 321696	Living Unit/Cell H-3 010L
Facility/Location SCCC on the Breezeway	Employees Involved: Henderson, Arthur		
OC Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Witnesses: Sgt. Fenn, Zack and Officer Troseth, James II		
Were you Injured? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

DETAILED DESCRIPTION OF INCIDENT

(Include a summary of the situation leading up to the use of force and your actions taken to mitigate the need to use force. Attach additional sheets, if necessary.)

On 7-20-2016 at approximately 1755 while doing an escort to F Unit Offender Marks, Paul DOC# 321696 became resistive during the escort. He started to tense up and pull away. He was given multiple directives to stop resisting and continue to look forward. Offender Marks continued to resist the escort and verbal directives from myself and Sgt. Fenn were ignored. Offender Marks again started to pull away from my control and at this time I attempted to give a soft knee strike to his side in order to gain control but it failed and the offender was still resistive and pulling away. Sgt. Fenn at this time gave a directive to place the offender on the grass. Offender Marks complied and sat on the grass while myself and Officer Troseth controlled him. Leg restraints were then applied and the offender was escorted to F Unit where he was placed in a holding cell.

DETAILED DESCRIPTION OF OFFENDER RESISTANCE AND FORCE OPTION USED

(Include the level of resistance displayed by the offender(s) and the exact force option(s) you used to overcome the resistance. Attach additional sheets, if necessary.)

During the escort, I was controlling offender Marks, Paul DOC# 321696 right side when he began to tense his right arm and body and began to pull away from my control. Due to him pulling away, I attempted to pull on his right hand side by his elbow which was ineffective in stopping him pulling away from my grasp, so I delivered a soft knee strike to his mid section. Once he was compliant, I assisted him on the ground in the grass. Offender Marks continued to try to turn his head to face me and ignored directives to face forward, therefore I maintained control of his head until he was placed in to a wheelchair and escorted to F Unit.

Henderson, Arthur

Name (Print)

DOC 21-424 (Rev. 10/23/15)

07-20-2016

Date

Correctional Officer 2

Title

Signature

DOC 410.200, DOC 410.205, DOC 410.210, DOC 410.230, DOC 420.255

TO BE COMPLETED BY SHIFT COMMANDER / UNIT SUPERVISORDate/Time Received
07/20/16 2030 hoursIMRS Number
16-46460**Comments:**

The use of impedance tactics to address an offender exhibiting Active Resistance is in line with DOC 410.200 Use of Force Options Guidelines. However based on the exact nature of this incident, I cannot find the use of a knee strike (impedance tactics) reasonably necessary for the level of resistance exhibited by the offender. This conclusion is based upon my experience and level of training. It is also my conclusion though that the officer increased his level of force due to improper and failed Control Tactics and his only intent was to regain control.

Lt. Eric Malnio

Name (Print)

07/25/16

Date

Lieutenant

Title

Signature

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INCIDENT REPORT

☐ Confidential

Date/Time of Incident 07/20/2016 at 1755 hours	Offenders Involved: Marks, Paul	DOC Number 321696	Living Unit H3
Location Breezeway	Witnesses Involved: N/A		
Use of Force Incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Incident: Spontaneous Use of Force due to offender resisting escort	Employees/Contract Staff/Volunteers Involved: Sgt. Zack Fenn, Officer Henderson, Arthur, and Officer Troseth, James II		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

On 07/20/2016 at approximately 1755 hours, I, Sgt. Fenn was supervising and recording via video camera the escort to F Unit that included Officer Henderson, Officer Troseth, and Offender Marks, Paul DOC# 321696. Offender Marks was being escorted to F Unit for refusing to disperse. During the escort, approximately 200 feet from Master Control, Offender Marks began to resist the escort by pulling away from Officer Henderson. Officer Henderson used force in an attempt to gain compliance and to maintain control of the offender. Multiple directives were given to Offender Marks to stop resisting. Once Offender Marks stopped resisting, I asked him if he could walk, which he stated no. I then directed my staff to walk him to the grass where we had the offender sit on his bottom. Marks continued to turn his head to face staff and more directives were given to face forward. Marks continued to try to turn his head towards staff, and to prevent injury to his wrists, Offender Marks was placed in the "recovery position" (on his side) until ankle restraints could be applied and a wheel chair arrived. Once ankle restraints and the wheel chair arrived, offender Marks was escorted to F Unit with no other issues. In the wheel chair, the offender became unresponsive to staff and refused to talk. F Unit staff took over the escort once inside F Unit. In F Unit, I conducted a Use of Force debrief with all staff involved.

Immediate Action Taken: I began video taping the escort, and supervised staff on the escort and during the use of force.

Zack Fenn 07/20/2016 Correctional Sergeant Zack Fenn
Signature Date Title Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature

Date

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DOC 21-917 (Rev. 10/23/15)

DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390, DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 890.620

Scan Code GM02

PDU-43634 1st Installment 000009

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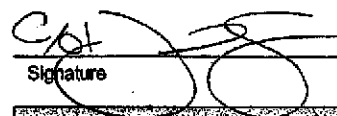


INCIDENT REPORT

☐ Confidential

Date/Time of Incident 07-20-2016 1751	Offenders Involved: Marks, Paul	DOC Number 321696	Living Unit H3
Location outside the dinning hall	Witnesses Involved: Sgt. Fenn C/O Troseth		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Incident:	Employees/Contract Staff/Volunteers Involved:		
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>On 7-20-16 at approx. 1751 outside of the dinning hall I C/O Henderson observed Sgt. Fenn give I/M Marks, Paul 321696 multiple directives to disperse and return to his unit. I/M Marks ignored all directives and continued to ignore directives and started to become tense. I C/O Henderson gave him verbal directives to cuff up and after multiple commands he was placed in restraints by myself and C/O Troseth. During the escort, offender Marks became tense and caused a spontaneous use of force due to him resisting the escort and attempting to pull away from my control. He was placed in the grass, ankle restraints were applied, and he was taken to F Unit in a wheel chair.</p>			

Immediate Action Taken: Placed in restraints

	07-20-2016	C/O 2	Henderson, A
Signature	Date	Title	Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature

Date

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Distribution: ORIGINAL-Superintendent

COPY- Chief Investigator

DOC 21-917 (Rev. 10/23/15)

DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390, DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 890.620

Scan Code GM02

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INCIDENT REPORT

☐ Confidential

Date/Time of Incident 07/20/2016 1752 hours	Offenders Involved: Marks, Paul	DOC Number 321696	Living Unit H3
Location Breezeway	Witnesses Involved: NA		
Use of Force Incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Incident: Refusing to disperse/Use of Force	Employees/Contract Staff/Volunteers Involved: Officer Troseth II, James, Officer Henderson, Arthur Sgt. Fenn, Zackary		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

On 07/20/2016 at approximately 1752 hours Sgt. Fenn, Zackary made radio notification of an offender refusing to disperse on the breezeway. I, Officer Troseth II, James, responded. When I arrived I assisted Officer Henderson, Arthur place offender Marks, Paul DOC# 321696 in wrist restraints. Once in wrist restraints Officer Henderson and I escorted offender Marks to F Unit with Sgt. Fenn filming the escort. I had control of offender Marks left side and Officer Henderson had control of offender Marks right side. During the escort offender Marks attempted to pull away from Officer Henderson, Officer Henderson assisted offender Marks to the ground while I maintained control of offender Marks left side. Once offender Marks was on the ground I assisted with putting him in to the recovery position. Once in the recovery position offender Marks stated he could no longer walk to F Unit. A wheelchair was brought from medical. I then assisted with placing offender Marks in to the wheel chair and finished escorting him to F Unit.

Immediate Action Taken:

Signature

07/20/2016

Date

Corrections Officer

Title

James Troseth II

Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature

Date

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DOC 21-917 (Rev. 10/23/15)

Scan Code GM02

DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390, DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 690.620

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**INCIDENT REPORT**☐ Confidential

Date/Time of Incident 7/20/2016 1800	Offenders Involved: MARKS, Paul	DOC Number 321696	Living Unit F
Location F Unit Holding Cell #3	Witnesses Involved:		
Use of Force Incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Incident: Nursing Assessment Following Use of Force	Employees/Contract Staff/Volunteers Involved: Kimberly Malone		
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>At approximately 1800, Offender Marks, Paul (DOC #321696) was escorted to F Unit in a wheelchair following a Use of Force on the Breezeway. Offender Marks stated he is currently unable to stand due to numbness in his leg which he stated was due to a chronic medical condition. At this time, Offender Marks stated no injuries and I noted no injuries.</p>			

Immediate Action Taken: Assessment and documentation.

K. Malone, RN
Signature

7/20/2016
Date

RN2
Title

K. Malone, RN2
Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature

Date

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DOC 21-917 (Rev. 10/23/15)

DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390,
DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 890.820

Scan Code GM02



INITIAL SERIOUS INFRACTION REPORT

Date of Infraction 07/20/2016	Offender Name (Last, First) Marks, Paul	DOC Number 321696	Housing Assignment H3-010 L
Rule Violation #(s) 509, 717			
Approximate Time Occurred 1752	Place of Incident (Be Specific) Breezeway in front of A Side Dining		Date Occurred 07/20/2016
Witness (1) Henderson, Arthur	Days Off Sat/Sun	Witness (3) N/A	Days Off N/A
Witness (2) Troseth, Jimmy	Days Off Fri/Sat	Witness (4) N/A	Days Off N/A

NARRATIVE

State a concise description of the details of the rule violations, covering all elements and answering the questions of When? Where? Who? What? Why? and How? Describe any injuries, property damage, use of force, etc. Attach all related reports.

On 7/20/2016 at approximately 1752 hours, I, Sgt. Fenn was supervising mainline. During mainline, Offender Marks, Paul DOC# 321696 was being disruptive on the breezeway. I gave Offender Marks a directive to stand for search. He continued to be disruptive so I gave him a directive that I would be issuing him a sack lunch and that he can return to his unit. Offender Marks continued to argue and be disruptive on the breezeway. I gave Offender Marks 4 more directives to return to his unit and to disperse from my location. All directives were ignored, therefore I notified Stafford Creek Base that I had one refusing to disperse. Offender Henderson responded and applied wrist restraints. During the escort to F Unit, Offender Marks began to resist the escort and was actively trying to pull away from Officer Henderson. Due to him resisting orders, a spontaneous use of force was required to gain control and to stop the offenders actions of resisting staff's escort procedure.

Reporting Employee/Contract Staff Name (Last, First) (Print Name) Fenn, Zack		Shift 3rd	Days Off Sat/Sun
Evidence Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Evidence Case Number 16-369	Evidence Locker Number #4	Photo/Video Submitted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Description of Evidence 1 DVD			
Placed In Pre-Hearing Confinement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Administrative Segregation <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		Recommended Sanction(s) N/A	
NAME(S) OF ALLEGED VICTIMS OF THIS INCIDENT			
Last, First 1) N/A	<input type="checkbox"/> Employee/Contract Staff	<input type="checkbox"/> Volunteer/Visitor/Other	<input type="checkbox"/> Offender DOC# N/A
Last, First 2) N/A	<input type="checkbox"/> Employee/Contract Staff	<input type="checkbox"/> Volunteer/Visitor/Other	<input type="checkbox"/> Offender DOC# N/A
Related Reports Attached <input type="checkbox"/> Supplemental <input type="checkbox"/> Medical <input type="checkbox"/> Employee/Contract Staff Witness Statements <input type="checkbox"/> Other (Specify)			

Reporting Employee/Contract Staff Signature 	Date 7/20/16
Infraction Review Officer Signature and Name (Last/First)	Date

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viewSegregation

Page 1 of 1

Placement Referral:



MARKS, Paul D (321496)

Offender Information At Time Of Placement

ERD: 12/23/2019

RLC: LOW

Custody Level: Minimum 3 - Long Term Minimum

Location: SCCC-IMU

Placement Movement

* Initial Placement Date: 07/20/2016 * Times: 19:50 * Initial Placement Status: Pre-Hearing Confinement
 * Initial Placement Facility: SCCC-IMU * Initial Placement Living Unit: F
 * Pre-Placement Location: SCCC-H3

Placement Details

Placement Type:

Threat to Orderliness of Facility

Placement Detail:

Other

Placement Due Infractions

509 - REFUSE TO PROCEED/DISPERSE AREA

717 - REFUSAL/RESISTING/SAFETY

Placement Narrative

Offender Refused Multiple Directives To Disperse Back To His Living Unit. During The Escort To F Unit, Offender Marks Began To Resist Staff Resulting In A Spontaneous Use Of Force.

Requesting Staff: Penn, Zackary J

Authorizing Staff: Mainio, Eric W

Placement Authorization:



* Authorization Narrative:

Concur

☒ Authorize☐ Deny

Authorizing Staff:

Mainio, Eric W

Serving/Reporting Staff:

Ericksen, Matthew R

Superintendent/Designee:

Cotton, Jeneva M

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SUPERINTENDENT USE OF FORCE ASSESSMENT

Offender(s) Name Marks, Paul		DOC Number(s) 321696
Facility/Location SCCC / Breezeway	Date of Incident 7/20/16	Time of Incident 1752 Hours
IMRS Number 16-46460		

NAME(S) OF EMPLOYEES DIRECTLY INVOLVED		
NAME	TITLE	INVOLVEMENT
Fenn, Zackary	Correctional Officer III	Team leader
Henderson, Arthur	Correctional Officer II	Applied force
Troseth, James	Correctional Officer II	Applied restraints/Escort
Malone, Kimberly	Registered Nurse II	Medical assesement

DOCUMENTATION	
DOC 21-425 Shift Commander/Unit Supervisor Use of Force Report	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
DOC 21-424 Use of Force Report (from all employees involved)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
IMRS Incident Report	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Video and/or Pictures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Infraction Reports	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Medical Reports	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Use of Force Checklist (preplanned)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Additional Documentation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	

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USE OF FORCE REPORTS	
Complete and accurate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Provide a description of the incident leading up to the use of force	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Provide a description of actions taken to mitigate the need to use force	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Provide a description of offender resistance and force options used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Written individually by each involved employee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Accurately reflect what is seen in the video	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Employee(s) trained/qualified for the force option	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do the reports support one another	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	
NOTIFICATIONS / APPROVALS	
Emergent Situation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Approval for force option(s) obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was Health Services consulted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Reported to the Superintendent/Facility Duty Officer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Reported to the Assistant Secretary for Prisons/Headquarters Duty Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Law Enforcement Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Comments:	
MEDICAL REPORTS	
Report for each offender	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Accurately reflect what is written in the Use of Force Reports	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Accurately reflect what is seen in the video	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Were Health Services employees on scene (preplanned)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are injuries consistent with application of force and force options	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	

20

RECORDING / PHOTOGRAPHS	
Clear introduction (who, what, where, when)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Statement on why force is necessary	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Description of events leading up to authorizing force	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name of all employees involved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Name of the person authorizing force option	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Statement from Health Services concerning force option	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Direct order issued to offender to comply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was offender provided an opportunity to comply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Force used was necessary and reasonable	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Can each employee be clearly identified	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was appropriate personal protective equipment used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was the camera focused on the offender throughout	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Record the complete incident, including: introduction, force application, medical examinations, decontamination process, final placement of the offender, and removal of restraints	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
At the conclusion of the incident, is there a clear summary, including: time/date/location, offenders involved, employees involved, description of offender resistance and force options used, all injuries noted, offenders current location and behavior	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: Incident was a spontaneous use of force so there was no introduction. During the escort the offender resisted movement. The officers use of impedance tactics was not reasonable nor necessary based on the offenders level of resistance.	

OFFENDER Demeanor
Comments: Non-compliant and resistive during the escort to segregation.

APPROPRIATENESS OF FORCE APPLIED
* → Comments: Force used by the officer was not appropriate. The use of impedance tactics to control a offender who was resisting escort is excessive and not reasonable.

OVERALL IMPRESSIONS OF INCIDENT
* → Comments: Staff used excessive force in this incident.

ADDITIONAL REVIEWERS	
NAME	TITLE

Comments:

REVIEWER RECOMMENDATION	
I concur with the actions of all employees involved.	<input type="checkbox"/>
* → I DO NOT concur with the actions of all employees involved.	<input checked="" type="checkbox"/>
<p>Comments:</p> <p>The staff member used impudence tactics to control a offender who was resisting escorted movement. These action were unnecessary and and excessive based on the level of resistance offered by the offender. Recommend further investigation into the officer's actions and force used.</p>	

Dan Van Ogle, Associate Superintendent
 Reviewer Completing Assessment (Print Name / Title)

Signature

Date

7-27-16

SUPERINTENDENT APPROVAL	
I have reviewed all the documentation provided.	<input checked="" type="checkbox"/>
I have reviewed the actions of all employees involved.	<input checked="" type="checkbox"/>
I concur with the actions of all employees involved.	<input checked="" type="checkbox"/>
I DO NOT concur with the actions of all employees involved.	<input type="checkbox"/>
I recommend the following actions:	<input type="checkbox"/>
<input type="checkbox"/> Internal Fact Finding	<input type="checkbox"/> External Critical Incident Review (CIR)
<input type="checkbox"/> Headquarters Review	<input type="checkbox"/> Just Cause Investigation
<p>The following actions (policy, procedures, revision, modifications, etc.) shall be taken:</p>	
<p>Comments:</p>	

Margaret Gilbert
 Superintendent/designee (Print Name)

Superintendent/designee Signature

Date

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Distribution: ORIGINAL - Superintendent

COPY - Deputy Director



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SUPERINTENDENT USE OF FORCE ASSESSMENT

Offender(s) Name Marks, Paul		DOC Number(s) 321696
Facility/Location SCCC / Brezeway	Date of Incident 7/20/16	Time of Incident 1752 Hours
IMRS Number 16-46460		

NAME, TITLE, INVOLVEMENT		
NAME	TITLE	INVOLVEMENT
Fenn, Zackary	Correctional Officer III	Team leader
Henderson, Arthur	Correctional Officer II	Applied force
Troseth, James	Correctional Officer II	Applied restraints/Escort
Malone, Kimberly	Registered Nurse II	Medical assessment

DOC 21-425 Shift Commander/Unit Supervisor Use of Force Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
DOC 21-424 Use of Force Report (from all employees involved)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
IMRS Incident Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Video and/or Pictures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Infraction Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Medical Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Use of Force Checklist (preplanned)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Additional Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	

(23)

Complete and accurate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Provide a description of the incident leading up to the use of force	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Provide a description of actions taken to mitigate the need to use force	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Provide a description of offender resistance and force options used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Written individually by each involved employee	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Accurately reflect what is seen in the video	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Employee(s) trained/qualified for the force option	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do the reports support one another	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	

Emergent Situation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Approval for force option(s) obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was Health Services consulted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Reported to the Superintendent/Facility Duty Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Reported to the Assistant Secretary for Prisons/Headquarters Duty Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Law Enforcement Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	

Report for each offender	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Accurately reflect what is written in the Use of Force Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Accurately reflect what is seen in the video	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Were Health Services employees on scene (preplanned)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are injuries consistent with application of force and force options	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	

Clear Introduction (who, what, where, when)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Statement on why force is necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Description of events leading up to authorizing force	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name of all employees involved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name of the person authorizing force option	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Statement from Health Services concerning force option	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Direct order issued to offender to comply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was offender provided an opportunity to comply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Force used was necessary and reasonable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Can each employee be clearly identified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was appropriate personal protective equipment used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was the camera focused on the offender throughout	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Record the complete incident, including: introduction, force application, medical examinations, decontamination process, final placement of the offender, and removal of restraints	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
At the conclusion of the incident, is there a clear summary, including: time/date/location, offenders involved, employees involved, description of offender resistance and force options used, all injuries noted, offenders current location and behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:	

Comments:

Comments:

Comments:

25

NAME	TITLE

Comments:

I concur with the actions of all employees involved.	<input type="checkbox"/>
I DO NOT concur with the actions of all employees involved.	<input type="checkbox"/>
Comments:	

Dan Van Ogle, Associate Superintendent

Reviewer Completing Assessment (Print Name / Title)

Signature

Date

I have reviewed all the documentation provided.	<input type="checkbox"/>
I have reviewed the actions of all employees involved.	<input type="checkbox"/>
I concur with the actions of all employees involved.	<input type="checkbox"/>
I DO NOT concur with the actions of all employees involved.	<input type="checkbox"/>
I recommend the following actions:	<input type="checkbox"/>
<input type="checkbox"/> Internal Fact Finding	<input type="checkbox"/> External Critical Incident Review (CIR)
<input type="checkbox"/> Headquarters Review	<input type="checkbox"/> Just Cause Investigation
The following actions (policy, procedures, revision, modifications, etc.) shall be taken:	
Comments:	

Margaret Gilbert

Superintendent/designee (Print Name)

Superintendent/designee Signature

Date

The contents of this document may be eligible for public disclosure. This form is governed by executive Order 0-03, RCW 42.56, and RCW 40.

Distribution: ORIGINAL - Superintendent

COPY - Deputy Director



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P.O. Box 41100 • Olympia, Washington 98504-1100

July 20th BEFORE ASSAULT + HOSP TRIP
W. H. N.

March 17, 2017

Paul Marks, DOC#321696
Cedar Creek Corrections Center
EB261L
P.O. Box 37
Littlerock WA 98556

Mr. Marks:

This letter is in regards to your public records request, **PRU-43634**, for any and all incident reports, including but not limited to use of force against you on or about July 20, 2016, all related reports that directly or indirectly involve the events that led to your transportation to the outside hospital. This request also includes the times and dates you were transported to and from Stafford Creek Corrections Center facility, from July 20, 2016 to July 28, 2016.

Enclosed is the 2nd and final installment of 23 pages and 1 CD of 2 video footages responsive to your request. Redactions have been made as appropriate per statute and are noted on the denial form, which is also enclosed. Please note that we provided these documents to you in accordance with the Public Records Act. By making agency documents available to you, the Department is not responsible for your use of the information or for any claims or liabilities that may result from your use or further dissemination. This request is now closed.

Sincerely,

A handwritten signature in black ink, appearing to read "Mara Rivera".

Mara Rivera

Public Disclosure Specialist
Department of Corrections
Public Disclosure Unit
P.O. Box 41118
Olympia, WA 98504

MR: PRU-43634

"Working Together for SAFE Communities"

**STATE OF WASHINGTON
DEPARTMENT OF
CORRECTIONS**

AGENCY DENIAL FORM / EXEMPTION LOG

Date: 3/17/2017

Tracking Number: PRU-43634 2nd/final installment

Requestor Name and

Address:

Paul Marks, DOC#321696
Cedar Creek Corrections Center
EB261L
P.O. Box 37
Littlerock WA 98556

Denial of Disclosure Decided by (Name/Title): Mara Rivera, Public Records Specialist

YOUR REQUEST FOR DISCLOSURE OF THE RECORDS IDENTIFIED WITHIN THE CORRESPONDING MATERIALS HAS BEEN DENIED TO THE EXTENT AND FOR THE REASON(S) SET FORTH BELOW.

Each exemption applied to the records is associated with a number in the **EXEMPTIONS SECTION** below, which explains the exemption(s) relied upon to make redactions to the records.

EXEMPTIONS SECTION

The following section identifies and explains the exemptions relied upon in the above table(s):

5-COMPUTER SECURITY AND INMATE PERSONAL IDENTIFICATION (IPIN) NUMBERS – These records contain computer access paths, codes, IPIN telephone access codes, or similar information, the release of which may compromise the security of the computer and/or telecommunication systems and information, and have been redacted per the following citation:

RCW 42.56.420(4) - "Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities."

2

OMNI: IMRS - Search Incident Report

Page 1 of 2

Printed by: Eric Mainio

Incident Information

Incident Number: 16-46460
 Facility : SCCC
 Location : Breezeway
 Place : Breezeway
 Confidential ? : No
 Facility Lockdown ? : No
 Restricted Movement ? : No
 STG Incident ? : No
 Property Damage ? : No
 Date and Time of Incident : 07/20/2016 17:52
 Reporting Staff : Mainio, Eric W
 Date and Time Submitted : 07/20/2016 21:09
 Creating Staff: Mainio, Eric W

Primary Incident Type

Primary Incident Category : Offender
 Primary Incident Type : Use of Force
 Physical Yes
 OC No
 Modifiers : EID/Taser No
 Specialty Impact No
 Unholstered Firearm No
 Mandatory Confidential : N

Involved Offenders

Doc Nb : 321696 Name : MARKS, Paul D Gender : Male Race : White STG Group:
 Community Concerns: No Active Warrant: No Injured ? : No Hospitalized ? : No

Involved Staff

Name	Position Description	Injured ?	Hospitalized ?
Name : Fenn, Zackary J	Position Description : Corrections/Custody Officer 3	No	No
Name : Henderson, Arthur L	Position Description : Corrections/Custody Officer 2	No	No
Name : Troseth, James M II	Position Description : Corrections/Custody Officer 2	No	No
Name : Malone, Kimberly L	Position Description : Registered Nurse 2	No	No

Other Participants

Type : Gender: Last name : First name : Comment : Injured ? : No Hospitalized ? : No

Other Agencies Contacted

OMNI: IMRS - Search Incident Report

Page 2 of 2

Agency Type	Agency Name	Date Contacted	Time Contacted	Comments
Narrative				
Date	Narrative			
07/20/2016	<p>On 07/20/16 at approximately 1752 hours, Sgt. Fenn directed Offender Marks #321696 to stand for search on the breezeway in front of the dining halls. During the process Marks became verbally disruptive and was given multiple directives to return to his unit. Marks refused all directives and Sgt. Fenn made notification of an offender refusing to disperse. Staff on scene placed Marks into restraints without incident. Sgt. Fenn began video recording and directed Officers Henderson and Troseth to escort Marks to Segregation. During the escort Marks tried to pull away from Officer Henderson and resist his escorted movement. Henderson used force by maintaining control of Marks right arm. His control was failing and Henderson applied a soft knee strike to his right side in an attempt to distract and keep him from pulling away. At this point Marks complied and followed directives from Sgt. Fenn to stop resisting. Marks was placed on his knees at which time he said he could not walk. A wheelchair was requested and Marks was transported by wheelchair for the remainder of the escort. In F-unit Marks was assessed by RN Malone and she could not identify any injuries from the Use of Force. Marks remained non-compliant and his restraints were removed in the holding cell. Marks made no comment on the use of force. Documentation gathered and Duty Officer Jean Anderson was notified.</p>			

OMNI: IMRS - Search Incident Report

Page 1 of 2

Printed by: Eric Mainio

Incident Information

Incident Number: 16-46461
 Facility : SCCC-IMU
 Location : Holding Cell
 Place : Holding Cell
 Confidential ? : No
 Facility Lockdown ? : No
 Restricted Movement ? : No
 STG Incident ? : No
 Property Damage ? : No
 Date and Time of Incident : 07/20/2016 18:05
 Reporting Staff : Mainio, Eric W
 Date and Time Submitted : 07/20/2016 21:35
 Creating Staff: Mainio, Eric W

Primary Incident Type

Primary Incident Category : Offender
 Primary Incident Type : Medical Emergency
 Modifiers :
 Mandatory Confidential : N

Additional Incident Types

Incident Category	Incident Type	Incident Type Modifiers	Mandatory Confidential
Offender	Emergency Medical Transport/Offender	Transport Type Ambulance	

Involved Offenders

Doc Nb : 321696 Name : MARKS, Paul D Gender : Male Race : White STG Group:
 Community Concerns: No Active Warrant: No Injured ? : No Hospitalized ? : No

Involved Staff

Name	Position Description	Injured ?	Hospitalized ?
Name : Malone, Kimberly L	Position Description : Registered Nurse 2	No	No
Name : Ericksen, Matthew R	Position Description : Corrections/Custody Officer 3	No	No
Name : Phipps, John E	Position Description : Corrections/Custody Officer 2	No	No
Name : Troseth, James M II	Position Description : Corrections/Custody Officer 2	No	No
Name : McGinnis, James R	Position Description : Corrections/Custody Officer 2	No	No
Name : Wayman, Jody A	Position Description : Registered Nurse 2		

OMNI: IMRS - Search Incident Report

Page 2 of 2

		Injured ? : No	Hospitalized ? : No
Name : Bolden, Mitchell L	Position Description : Corrections/Custody Officer 3	Injured ? : No	Hospitalized ? : No
Name : Cline, Charles F	Position Description : Corrections/Custody Officer 2	Injured ? : No	Hospitalized ? : No

Other Participants	
Type : Gender: Last name : First name : Comment : Injured ? : No Hospitalized ? : No	

Other Agencies Contacted				
Agency Type	Agency Name	Date Contacted	Time Contacted	Comments
Hospital	Grays Harbor Community Hospita	07/20/2016	18:30	

Narrative	
Date	Narrative
07/20/2016	<p>On 07/20/16 at approximately 1805 hours, RN Malone attempted to complete an Intake assessment on Offender Marks #321696 in the Segregation Holding cell. Marks was slumped over and not responding to her questioning. She could see he was breathing but nonresponsive. She notified Sgt. Ericksen who also attempted to gain a response. Shift Lieutenant Mainlo was notified and directed an emergent entry into the cell. F-unit staff entered the cell and placed Marks into restraints. Marks was completely passive and offered no resistance. RN Malone assessed him and then reported her findings to FMD S. Smith. Per Dr. Smith an ambulance was requested to transport Marks to Grays Harbor Community Hospital for further evaluation. Aberdeen Fire arrived onsite at 1844 hours. Sgt. Bolden and Officer Cline were assigned to the escort. The trip departed SCCC at 1919 hours. Documentation gathered and Duty Officer Jean Anderson was notified.</p>



INCIDENT REPORT

☐ Confidential

Date/Time of Incident 7/20/2016 1800	Offenders Involved: MARKS, Paul	DOC Number 321696	Living Unit F
Location F Unit Holding Cell #3	Witnesses Involved:		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Incident: Medical Emergency	Employees/Contract Staff/Volunteers Involved: Kimberly Malone		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

At approximately 1805, I, RN Malone, went to Holding Cell #3 to conduct the segregation intake, Offender Marks, Paul (DOC #321696) did not respond. Sgt. Fenn and Sgt. Erickson both attempted to get Offender Marks to respond with negative results. It was noted at this time that he was breathing but not responsive. Offender Marks was assessed by nursing, vitals obtained. Dr. Sara Smith, FMD was contacted regarding Offender Marks' condition and it was decided that he would need to be transferred to GHCHD for further evaluation. Offender Marks was taken from the holding cell and placed first in a wheelchair but it was determined that he was unable to sit in the wheelchair and was placed on the backboard. At this time his clothes were cut off and he was readied for the arrival of the paramedics. Offender Marks remained unresponsive yet breathing until and after the paramedics arrived. Offender Marks was transported to GHCHD via aid car.

Immediate Action Taken: Assessment, treatment, and documentation.

K. Malone, RN
Signature

7/20/2016

Date

RN2

Title

K. Malone, RN2

Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature

Date

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DOC 21-817 (Rev. 10/23/15)

DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.380,
DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 890.620

Scan Code GM02

Mainio, Eric W. (DOC)

From: Wayman, Jody A. (DOC)
Sent: Wednesday, July 20, 2016 6:35 PM
To: DOC DL SCCC EMERGENCY MED OUT; DOC DL SCCC SHIFT LIEUT
Subject: EMO: MARKS, PAUL #321696 7/20/2016



Medical Out
Order-.doc

~~Emergency~~: Emergency/Routine/Urgent top of page, from drop down menu



**STAFFORD CREEK CORRECTIONS CENTER
ESCORTED LEAVE AUTHORIZATION**

TO: Shift/Transport Staff

FROM: Records Supervisor or Designee


Signature

DATE: **07/20/16**

RE: **Marks, Paul** DOC# **321696** Unit# **F-Unit**

The above listed offender(s) will leave the institution at **1900** on **07/20/19** to go to **GRAYS HARBOR COMMUNITY HOSPITAL, 915 ANDERSON DRIVE, ABERDEEN, WA** in the custody of:

- ☒ Stafford Creek Corrections Center Transport Officers
☐ Law Enforcement:

The agency indicated above will retain custody of the offender at all times, until their return to the institution.

Time trip Started _____ Time Returned _____

Transport Officer Signature _____

******* ESCORTING STAFF, please return signed form to the Records Office upon return from trip.**

Stafford Creek Corrections Center

Classification Reviewer Initials: *ca***MEDICAL OUT ORDER****EMERGENCY**TO: Correctional Captain
FROM: HEALTH CARE UNIT

DATE: 07/20/16

IT IS REQUESTED THAT THE OFFENDER LISTED BELOW LEAVE THE FACILITY AS FOLLOWS:

OFFENDER NAME: MARKS, PAUL	DOC #: 321696	DOB: 1945	HOUSING ASSIGN: F	OFFENDER TO LEAVE FROM: SCCC F
DAY OF TRIP: Wednesday	DATE: 7/20/16	LEAVE: ASAP	APPT: Unknown	DURATION: TBD
LOCATION OF VISIT: Grays Harbor Community Hospital 915 Anderson Drive Aberdeen, WA 98520 (360) 532-8330		DEPARTMENT/PROVIDER: GHCH-ER		
REASON: possible seizure				
OFFENDER MUST BE ROUTED BACK THROUGH THE OUTPATIENT CLINIC UPON RETURN TO FACILITY.				
ORDER REQUESTED BY (PHYSICIAN, P.A.-C, ETC.): Sara Smith, MD				
INFORMATION THAT MUST ACCOMPANY OFFENDER: PLEASE PICK UP PAPERWORK IN MEDICAL AT THE NURSE'S STATION.				
Priority Code: <input type="checkbox"/> 1 (Hi) <input checked="" type="checkbox"/> 2 (Med) <input type="checkbox"/> 3 (Low)		PREPARED BY: Jody Wayman, RN2		APPROVED BY: Sara Smith, MD, FMD
CUSTODY USE: To be completed by custody officers.				
MXD: <i>LFE</i>	ERD: <i>12/23/19</i>	CUST: <i>M13</i>	SPECIAL NEEDS? (i.e Wheelchair, interpreter needed etc)	
ASSIGNED OFFICERS: 1.) <i>CLINE</i> 2.) <i>BOCOEN</i>			START TIME:	END TIME:
			Transportation Type: Ambulance	

DISTRIBUTION: (5 COPIES) Records, Master Control, Shift Office, Medical OA3 (original), Medical Records, Intake/Discharge

SIGNATURE OF TRANSPORTING OFFICER: _____

TRANSPORT OFFICERS: RETURN THIS FORM TO THE TRANSPORT OFFICE WHEN TRANSPORT IS COMPLETED. **NOTIFY HEALTH CARE UNIT AT 537-2089 OR Ext. 4079 IF OFFENDER REFUSES TREATMENT AT PROVIDERS.**

APPROVED BY: *LSA* *MANNO*
(Correctional Captain/C.P.M. or Lieutenant)

DATE: *07/20/16*

Control Card Report - Report Viewer

Page 1 of 1

1 of 1 100% Find | Next

Washington State
Department of Corrections

CONTROL CARD**General Information**

DOC No: 321698	SSN:	Custody Level: Minimum 3
FBI No: 0469753L2	SID No: 23563577	STG Group: None
Date of Birth: 1945	Place of Birth: Hollywood, CA	
Race: White	ProviderOne No: 200645904WA	Gender: Male
Last Known Address:		Height: 6' 1"
		Weight: 160 lbs
Emergency Contact: Virginia Ashmore	(206)365-3490	Eye Color: Hazel
Aliases:		Hair Color: Gray
MARKS, Paul David		Complexion: Light
MARKS, Paul		



MARKS, Paul D

Earned Release Date: 12/23/2019

Judgment & Sentence Information

Current Offense Categories:	No. of Counts:	County of Conviction:
Other Violation Child Sex	4	King

Printed By: DOC1newmainio

Printed Date: 7/20/2018 6:41:47 PM

**INCIDENT REPORT**☐ Confidential

Date/Time of Incident 07/20/2016 1800 hours	Offenders Involved: Marks, Paul	DOC Number 321896	Living Unit H3
Location F Unit	Witnesses Involved: NA		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Incident: Medical Emergency	Employees/Contract Staff/Volunteers Involved: Officer Troseth II, James, Sgt. Fenn, Zackary		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

On 07/20/2016 at approximately 1800 hours I, Officer Troseth II, James, was in F unit after completing an escort of offender Marks, Paul DOC# 321896. Offender Marks was in a holding cell, the nurse in F Unit asked if I would look in to check on offender Marks because she was not tall enough to see in. I checked on offender Marks and he was laying at the base of the door, doubled over and not responding to me calling his name. I notified the F unit staff that offender Marks was unresponsive. They then took over calling his name and attempting to get offender Marks to respond. I was then directed to video tape the F Unit staff enter the holding cell in an attempt to check on offender Marks. Offender Marks appeared non responsive and shaking. I continued to videotape until the camera died.

Immediate Action Taken:

	07/20/2016	Corrections Officer	James Troseth II
Signature	Date	Title	Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature	Date
-----------	------

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DOC 21-917 (Rev. 10/23/15)

DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390, DOC 420.500, DOC 420.550, DOC 620.200, DOC 830.550, DOC 890.620

Scan Code GM02

**INCIDENT REPORT**☐ Confidential

Date/Time of Incident 07/20/2016 1805 hours	Offenders Involved: Marks, Paul	DOC Number 321696	Living Unit F
Location F Unit Holding Cell #4	Witnesses Involved:		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Incident: Medical Cell Entry	Employees/Contract Staff/Volunteers Involved: Officer Troseth, J; Officer McGinnis, J; Officer Phipps, J; Officer Sherman, G, RN Malone		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

At approximately 1800 hours Offender Marks, Paul #321696 was brought in to F Unit as an intake from General Population. Offender Marks had stated that he was unable to stand due to numbness in his legs so staff placed him in Holding cell # 4 sitting in an upright position, removed the restraints and secured the door. At 1805 hours Offender Marks became unresponsive and was slumped over. I, Sergeant Ericksen, Matthew got approval from Shift Lt. Mainio to do an emergent cell entry on Offender Marks so a medical evaluation could be done. At approximately 1810 a cell entry team entered the cell and applied wrist restraints to aid medical in evaluating Offender Marks. He was then placed in a wheel chair but medical determined that he was unable to sit in a wheel chair so he was placed on a back board. Offender Marks clothing was then removed except for underwear and he was placed in waist and ankle restraints to prepare for transport. Aid Car was on site at approximately 1852 hours and was taken out of F Unit at approximately 1900 hours.

Immediate Action Taken:

	07/20/2016	Sergeant	Ericksen, Matthew
Signature	Date	Title	Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT DESIGNEE		
Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature

Date

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DOC 21-917 (Rev. 10/23/15)


DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390, DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 890.620

Scan Code GM02

**INCIDENT REPORT**☐ Confidential

Date/Time of Incident 7-20-16 at 1805	Offenders Involved: Marks, Paul	DOC Number 321696	Living Unit F unit
Location F unit holding cell #4	Witnesses Involved: n/a		
Use of Force Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Incident:	Employees/Contract Staff/Volunteers Involved: Sgt. Ericksen, M; Officer Phipps, J; Officer Reid, B; Officer McGinnis, J; RN Malone		
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>On 7-20-16 at approximately 1805 hours, I C/O McGinnis, James was assisting with a placement of Offender Marks, Paul #321696 into the holding cell of F unit. After the offender was placed in the holding cell, I continued with my regular duties. Sgt Ericksen then called all floor staff back to the holding cell because offender Marks was lying on the floor, unresponsive. I was assigned to be the shield officer for an emergent entry into the holding cell. Offender Marks was then placed in wrist restraints and brought into the f unit back corridor. I then assisted in placing Offender Marks on a backboard in order to aid his breathing. I then stood by while awaiting paramedics. Paramedics arrived and offender Marks was transported to GHCH via ambulance.</p>			

Immediate Action Taken: assisted in restraining offender, assisted in placing offender on backboard

	7/20/16	Correctional Officer 2	McGinnis, James
Signature	Date	Title	Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received		Incident Number
Investigation Assigned To	By	Date

Comments:

Signature	Date
-----------	------

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Distribution: ORIGINAL-Superintendent

COPY- Chief Investigator

DOC 21-817 (Rev. 10/23/15)

DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390,
DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 890.620

Scan Code GM02

**INCIDENT REPORT**☐ Confidential

Date/Time of Incident 7-20-16 1805HRS	Offenders Involved: Marks, Paul	DOC Number 321696	Living Unit F-Unit
Location F-Unit Holding Cell #4	Witnesses Involved:		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Incident: Medical Emergency	Employees/Contract Staff/Volunteers Involved: Sgt. Ericksen, M; Officer Sherman, G; Officer Reid, B; Officer McGinnis, J; RN Malone		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

On 7-20-16 at approximately 1805HRS I Officer Phipps, J assisted with a Segregation placement of offender Marks, P #321696. Sgt. Ericksen called IMU floor staff to report back to holding cell #4. Where we found offender Marks unresponsive. Sgt. Ericksen then assigned an emergency cell entry team where I was assigned Upper control. We made entry into the holding cell and found offender Marks still unresponsive. I assisted placing offender Marks in wrist restraints and assisted Officer Sherman in getting offender Marks into a sitting position so RN Malone could get the offenders vitals. I then assisted in the application of waist restraints so offender Marks could be transported.

Immediate Action Taken: Completed Incident report

Signature

7-20-16

Date

CO2

Title

Phipps, J

Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

DOC 21-917 (Rev. 10/23/15)

DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390,
DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 890.620

Scan Code GM02

**INCIDENT REPORT**☐ Confidential

Date/Time of Incident 7-20-16/ approximately 1805 hours	Offenders Involved: Marks, Paul	DOC Number 321696	Living Unit F-Unit
Location F-Unit Holding Cell #4	Witnesses Involved:		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Incident: Medical Emergency	Employees/Contract Staff/Volunteers Involved: Sgt. Ericksen, M; Officer Phipps, J; Officer Reid, B; Officer McGinnis, J; RN Malone		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

On 7-20-16 at approximately 1805 hours I (Officer Sherman, G) assisted with a Segregation placement of offender Marks, P #321696. Sgt. Ericksen called IMU floor staff to report back to holding cell #4. Where we found offender Marks unresponsive. Sgt Ericksen then assigned an emergency cell entry team where I was assigned equipment. We made entry into the holding cell and found offender Marks still unresponsive. I placed offender Marks in wrist restraints and assisted Officer Phipps in getting offender Marks into a sitting position so RN Malone could get the offenders vitals. I then assisted in the application of waist restraints so offender Marks could be transported.

Immediate Action Taken:

Signature: [Signature] Date: 7-20-16 Officer Title: Sherman, G Name (Please Print): Sherman, G

TO BE COMPLETED BY SUPERINTENDENT DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature: _____ Date: _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

DOC 21-917 (Rev. 10/23/15)

DOC 380.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390, DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 880.620

Scan Code GM02

SEE 2ND / 1 MU

TRIP

7-20-16

NURS WILSON
2nd time trip**DISCLOSURE STATEMENT**

TO: Marks, Paul

DATE: September 12, 2016

FROM: Stafford Creek Correction Center
191 Constantine Way
Aberdeen, WA 98520

WA DOC #: 321696

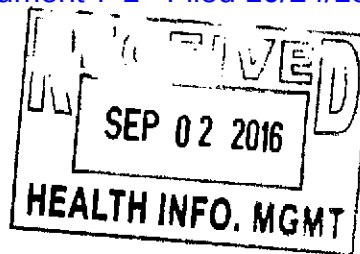
PATIENT'S NAME: Marks, Paul

Attached is the health information you have been authorized to receive.

- ☒ **General release of information:** This information is intended for the person to whom it is addressed and for the stated purpose only. It is disclosed to you from records whose confidentiality is protected by state law and may not be disclosed further without the specific consent of the person to whom it pertains or as permitted by law.
- ☐ **This information is not to be disclosed to the patient** without authorization from the health care professional as authorized under RCW 70.02.090 Patient's request – Denial of examination and copying.
- ☐ **Sexually transmitted infections, including HIV/AIDS information:** This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written authorization of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.
- ☐ **Alcohol and drug related information:** This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.
- ☐ **You have been provided with the last two years of health care information.** If you require additional information, please contact me.
- ☐ **Please destroy records when no longer needed.**
- ☐ **Other:**

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

7-20-16



(2)

m203326

August 29, 2016

Paul **D** Marks #321696
Stafford Creek Correction Center
191 Constantine Way
Aberdeen, WA. 98520

GRAYS HARBOR COMMUNITY HOSPITAL
Attn: Medical Records Department
1006 North H Street
Aberdeen, WA. 98520

RE: Medical Records/Documents from July 20, 2016 to Discharge.

Please provide me all of my medical records/documents
there is pertaining to my admission July 20, 2016 until
July 2³~~3~~, 2016. This request includes all progress notes,
radiologist reports, doctors findings and recommendations.

Thank You

S/

Paul D Marks

Paul **D**. Marks # 321696

7-20-16 (3)

DISCHARGE SUMMARY REPORT

Discharge Summary**Patient Information:**

Discharge Summary initiated: 07/22/16 at 1311.

Patient: MARKS, PAUL D, a 70yo Male admitted on 07/20/16 for seizure.**Primary Care Provider:** Stafford Creek Infirmary**Attending Physician:** DONOHOE, SAMUEL MD**Reason for stay:****Chief Complaint:**

Seizure

Discharge Diagnoses:

Seizure, generalized, tonic-clonic

HL

AAA

History of Present Illness:

70 y/o M with HL, AAA 5.6 cm dia, sebaceous cyst posterior R ear February 2016, R acute otitis media March 2016, convex scoliosis, no known seizure history, who overnight presented from SCCC for prolonged seizure activity. Patient currently intubated and sedated. All history is per ER report. Briefly, patient yesterday was apparently refusing to move out of a breezeway and then became involved in an altercation with guards with an aggressive take-down. Patient was then being escorted to solitary confinement when he had a generalized tonic/clonic seizure which persisted for 25+ minutes until EMS attended to patient. Per their note they found him in status and cyanotic from head down to nipple line. They subsequently started supplemental O2 and an IV and administered diazepam 5 mg IV X 2. Seizure activity persisted. Patient noted to be hypoxic to low 80's despite BVM with high flow O2. Subsequently paralyzed and intubated with subsequent resolution of hypoxia with ongoing ventilatory support. With paralysis physical manifestations of seizure activity of course abated.

Once patient was to our ER he was loaded with phenytoin 825 mg IV then placed on propofol gtt. Mechanical ventilation was continued. With sedation lightened in the ER patient apparently withdrew from painful stimulus

Electronically Signed

07/22/16 1320

SAMUEL DONOHOE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 45

Acct#:

MR#: M0203326

Admission Date: 07/20/16

Discharge Date:

7-20-16

(4)

DISCHARGE SUMMARY REPORT

though was not able to follow commands.

Of note, in late June patient had visited a general surgery office in Olympia for re-evaluation of a AAA. Per US it was found to have increased in diameter to 5.6 cm from 5.0 cm on most recent prior imaging in November 2015. He was in the process of being further evaluated in preparation for interventional versus surgical intervention of his progressive AAA.

Otherwise ER notes that parent(s) report that patient's baseline personality/mood is aggressive and labile.

Hospital course:

Seizure.

Unclear etiology. Patient noted remote prior history of seizure though was unable to recall specifics. No AICA on CT head. No abnormalities on MR brain seizure protocol. No marked and/or pertinent laboratory abnormalities. No focal neurologic abnormalities on exam post-extubation. Was intubated PTA for airway protection, subsequently extubated without complications. Dilantin loaded in ER. Continued on Keppra thereafter. Discharged to SCCC on Keppra 500 mg PO BID and instructions to follow up with neurology in outpatient setting to review seizure history, AED dosing henceforth, and consider EEG.

Bibasilar lung consolidations on imaging.

Noted on CT abd/pelvis but not reported on ensuing CXR. No clear/obvious signs of infection (fever, leukocytosis). Antibiotics deferred.

AAA.

5.5 cm diameter per CT abd/pelvis here on 7/20/16. Per review of SCCC records and Olympia vascular surgery records is pending intervention in very near future.

HL.

Resumed on statin at discharge.

Lab Results:

Laboratory Tests

07/22/16 0600:

Electronically Signed

07/22/16 1320

SAMUEL DONOHUE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 45

Acct#:

MR#: M0203326

Admission Date: 07/20/16

Discharge Date:

7-20-16 (5)

DISCHARGE SUMMARY REPORT

7.2 13.5 171
40.8

144 110 H 23.0
4.1 1.0 89

Serum Bicarbonate 24, Anion Gap 14, Estimated GFR (MDRD) Non-Af Amer > 59, Calcium Level 8.1 L, Calcium Adjusted for Albumin 8.5, Total Bilirubin 0.7, Aspartate Amino Transf (AST/SGOT) 13, Alanine Aminotransferase (ALT/SGPT) 10, Alkaline Phosphatase 60, Total Protein 5.8 L, Albumin 3.5, Albumin/Globulin Ratio 1.5, Red Blood Count 4.76, Mean Corpuscular Volume 85.7, Mean Corpuscular Hemoglobin 28.4, Mean Corpuscular Hemoglobin Concent 33.1, Red Cell Distribution Width 15.5 H, Mean Platelet Volume 12.6
Laboratory Tests

	07/22 0600
Chemistry	
Sodium (136 - 145 mEq/L)	144
Potassium (3.5 - 5.1 mEq/L)	4.1
Chloride (96 - 107 mEq/L)	110 H
Serum Bicarbonate (22 - 31 mEq/L)	24
Anion Gap (7 - 18)	14
BUN (8.0 - 23.0 mg/dL)	23.0
Creatinine (0.7 - 1.2 mg/dL)	1.0
Est GFR (MDRD) Non-Af (SEE NOTE SEE NOTE)	> 59
Random Glucose (60 - 140 mg/dL)	89
Calcium (8.8 - 10.2 mg/dL)	8.1 L
Calcium Adj for Albumin (mg/dL)	8.5
Total Bilirubin (0.2 - 1.0 mg/dL)	0.7
AST (10 - 34 U/L)	13
ALT (10 - 44 U/L)	10
Alkaline Phosphatase (40 - 129 UL)	60
Total Protein (6.4 - 8.3 g/dL)	5.8 L
Albumin (3.4 - 4.8 g/dL)	3.5
Albumin/Globulin Ratio (1 - 1.8)	1.5
Hematology	
WBC (3.6 - 10.8 thou/uL)	7.2

Electronically Signed

07/22/16 1320

SAMUEL DONOHOE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 45

Acct#:

MR#: M0203326

Admission Date: 07/20/16

Discharge Date:

7-20-16

(6)

DISCHARGE SUMMARY REPORT

RBC (4.21 - 5.94 mill/uL)	4.76
Hgb (12.5 - 17.1 g/dL)	13.5
Hct (37.9 - 50.0 %)	40.8
MCV (78.0 - 97.0 fL)	85.7
MCH (25.5 - 29.4 pg)	28.4
MCHC (31.0 - 37.0 g/dL)	33.1
RDW (11.7 - 14.6 %)	15.5 H
Plt Count (140 - 410 thou/uL)	171
MPV (9.8 - 13.0 fL)	12.6

Last Imaging Impressions:**MR brain seizure protocol 7/21/16****FINDINGS**

MRI imaging of the brain demonstrates no mass, midline shift, hydrocephalus, restricted diffusion or abnormal enhancement. Mild generalized atrophy. There is a minimal amount of periventricular T2 signal abnormality. This is commonly described to changes of chronic ischemic microangiopathy. The cerebellum, mid brain, and pons are unremarkable.

Thin section imaging through the temporal lobes demonstrates no mesial temporal lobe sclerosis. No etiology for seizure on current examination.

The optic nerves and chiasm are unremarkable.

IMPRESSION

Normal aging brain. No etiology for seizure on current exam.

CT head/C-spine non-con 7/20/16**FINDINGS**

CT HEAD: No mass, midline shift, hydrocephalus, or acute

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07/22/16 1320

SAMUEL DONOHUE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 45

Acct#:

MR#: M0203326

Admission Date: 07/20/16

Discharge Date:

DISCHARGE SUMMARY REPORT

7-20-16

(7)

intracranial hemorrhage. There is a moderate amount of periventricular low attenuation. This is a nonspecific finding commonly ascribed to changes chronic ischemic microangiopathy. There is mild to moderate cortical atrophy. There is mild bilateral ethmoid sinus mucosal thickening. The calvarium is unremarkable.

CT CERVICAL SPINE: Reversal of the normal cervical curve with the apex at C3-C4 disc space. There is advanced multilevel degenerative disc and facet disease. No fracture or malalignment. ET and NG tube within the neck soft tissues. The lung apices are unremarkable.

IMPRESSION

1. Moderate nonspecific white matter changes and cortical atrophy.
2. Advanced degenerative disc and facet disease without fracture.
3. Reversal of the normal cervical curve.
4. NG tube coiled within the esophagus.

CXR 7/21/16

FINDINGS

Scoliosis which distorts the thoracic structures. Endotracheal tube tip 3 cm above the carina. NG tube tip left upper quadrant. The heart and mediastinum are normal. Lungs appear normal, without mass, consolidation or nodules.

IMPRESSION

1. Endotracheal tube tip 3 cm above the carina.
2. No acute cardiopulmonary changes.
3. Scoliosis.

CT abd/pelvis 7/20/16

FINDINGS

CT ABDOMEN: Bibasilar consolidation and small pleural effusions may represent aspiration. The heart size stable. Stable cyst right lobe

Electronically Signed

07/22/16 1320

SAMUEL DONOHUE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D
DOB: 45

Acct#:

MR#: M0203326

Admission Date: 07/20/16

Discharge Date:

7-20-16

(8)

DISCHARGE SUMMARY REPORT

of the liver. Liver otherwise unremarkable. The gallbladder, pancreas, spleen and adrenal glands are unremarkable for a noncontrasted study. The kidneys are symmetrical without cortical thinning or calcifications. No hydronephrosis. No retroperitoneal or mesenteric lymphadenopathy. There is an infrarenal abdominal aortic aneurysm which is stable in diameter, measuring up to 5.5 cm. The small and large bowel are normal in caliber.

CT PELVIS: Foley catheter within the urinary bladder. There is some air within the bladder likely iatrogenic. No lymphadenopathy or ascites.

No pathological bone lesions. Scoliotic curve lumbar spine.

NG tube tip within the distal esophagus.

IMPRESSION

1. Bibasilar consolidation possibly representing aspiration.
2. Stable infrarenal abdominal aortic aneurysm.
3. Foley catheter within the urinary bladder.
4. NG tube tip within the distal esophagus and should be advanced 10-15 cm.

Vital Signs:

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
07/21-07/22	36.5-37.1	65-84	18-20	83-129/53-85	92-96	

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
07/22 1126	36.5	65	18	83/53	95	Room Air		
07/22 0808	37.1	70	20	111/70	95	Room Air		
07/22 0725					94	Room Air		

Electronically Signed

07/22/16 1320

SAMUEL DONOHOE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 45

Acct#:

MR#: M0203326

Admission Date: 07/20/16

Discharge Date:

7-20-16

(9)

DISCHARGE SUMMARY REPORT

	07/22 0700
Intake Total	700.00
Output Total	1400.00
Balance	-700.00
Intake, Oral	700.00
Number Unmeasured Voids	1
Output, Urine	1400.00
Patient Weight	77.3 kg

Exam:

General appearance: somnolent though easily rousable, oriented X 3, cooperative though cantankerous on exam

HEENT: normocephalic, atraumatic, pink conjunctivae, anicteric sclerae, PERRL, EOMI, op clear, mmm

Neck: supple, no lymphadenopathy

Respiratory: clear auscultation bilat

Cardiovascular: regular rate/rhythm, normal S1/S2, no murmurs/rubs/gallops

Abdominal: soft, nontender, nondistended, normal bowel sounds, no guarding, no masses, no organomegaly

Genitourinary: deferred

Musculoskeletal: equal muscle strength

Extremities: no cyanosis, no clubbing, no edema

Skin: spider angiomas upper chest, shoulders

Neurologic: CNs 3-12 intact and symmetric, non-focal neuro exam

Discharge Instructions

Discharge Condition: improved, stable

Discharge Destination: Stafford Creek Prison

Electronically Signed

07/22/16 1320

SAMUEL DONOHOE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 45

Acct#:

MR#: M0203326

Admission Date: 07/20/16

Discharge Date:

7-20-16

(10)

DISCHARGE SUMMARY REPORT

Avoid Tobacco/Tobacco Products Avoid Tobacco/Tobacco Products**Activity at discharge:** as tolerated**Home Instructions, Activities and Treatments:**

1. You have been prescribed a new medication to prevent recurrence of seizure: Keppra 500 mg by mouth twice daily.
2. You should be referred to see a neurologist in the outpatient setting. When you see the neurologist you can discuss your seizure prevention medication and specifically whether you need to continue this indefinitely. You can also discuss whether you may benefit from having an EEG obtained.
3. Your providers at the prison infirmary have been working diligently to process your referral for your abdominal aortic aneurysm repair. This was confirmed through review of referral notes and per discussion with infirmary staff.

Diet at discharge: cardiac/heart healthy**Symptoms to Report:** chest pain, worsening symptoms, bleeding, confusion**Allergies****Coded Allergies:**

No Known Drug Allergies (07/22/16)

Prescriptions**Continue taking these medications:**Simvastatin (Simvastatin) 5 MG TABLET
40 ORAL Daily**Start taking the following new medications:**Levetiracetam (Keppra) 500 MG TABLET
500 MILLIGRAM ORAL Twice daily***Electronically Signed***

07/22/16 1320

SAMUEL DONOHUE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 45

Acct#:

MR#: M0203326

Admission Date: 07/20/16

Discharge Date:

7-20-16

11

DISCHARGE SUMMARY REPORT

Days = 30
No Refills

Copies to:
STAFFORD CREEK MEDICAL DEPT.

Electronically Signed 07/22/16 1320 SAMUEL DONOHUE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D
DOB: 45
Acct#:
Admission Date: 07/20/16
Discharge Date:

MR#: M0203326

DISCHARGE INSTRUCTIONS REPORT

7-20-16

(12)

Discharge Instructions

Activity at discharge: as tolerated

Home Instructions, Activities and Treatments:

1. You have been prescribed a new medication to prevent recurrence of seizure: Keppra 500 mg by mouth twice daily.
2. You should be referred to see a neurologist in the outpatient setting. When you see the neurologist you can discuss your seizure prevention medication and specifically whether you need to continue this indefinitely. You can also discuss whether you may benefit from having an EEG obtained.
3. Your providers at the prison infirmary have been working diligently to process your referral for your abdominal aortic aneurysm repair. This was confirmed through review of referral notes and per discussion with infirmary staff.

Diet at discharge: cardiac/heart healthy

Symptoms to Report: chest pain, worsening symptoms, bleeding, confusion

Patient Instructions Levetiracetam (By mouth)

Electronically Signed

07/22/16 1310

SAMUEL DONOHUE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

M0203326

Name: MARKS, PAUL D
DOB: 45
Acct#:

MR#:

Admission Date: 07/20/16
Discharge Date:

(13)

7-20-16

HISTORY AND PHYSICAL REPORT 07/20/16

Patient Information**Patient data:**

History and Physical Exam initiated: 07/21/16 at 0959.

Primary care Provider: Stafford Creek CC**Hospitalist:** Dr. Samuel Donohoe MD

Patient: MARKS, PAUL D, a 70yo Male admitted on 07/20/16.

Chief Complaint: Seizure**HPI****History of Present Illness:**

70 y/o M with HL, AAA 5.6 cm dia, sebaceous cyst posterior R ear February 2016, R acute otitis media March 2016, convex scoliosis, no known seizure history, who overnight presented from SCCC for prolonged seizure activity. Patient currently intubated and sedated. All history is per ER report. Briefly, patient yesterday was apparently refusing to move out of a breezeway and then became involved in an altercation with guards with an aggressive take-down. Patient was then being escorted to solitary confinement when he had a generalized tonic/clonic seizure which persisted for 25+ minutes until EMS attended to patient. Per their note they found him in status and cyanotic from head down to nipple line. They subsequently started supplemental O2 and an IV and administered diazepam 5 mg IV X 2. Seizure activity persisted. Patient noted to be hypoxic to low 80's despite BVM with high flow O2. Subsequently paralyzed and intubated with subsequent resolution of hypoxia with ongoing ventilatory support. With paralysis physical manifestations of seizure activity of course abated.

Once patient was to our ER he was loaded with phenytoin 825 mg IV then placed on propofol gtt. Mechanical ventilation was continued. With sedation lightened in the ER patient apparently withdrew from painful stimulus though was not able to follow commands.

Of note, in late June patient had visited a general surgery office in Olympia for re-evaluation of a AAA. Per US it was found to have increased in diameter to 5.6 cm from 5.0 cm on most recent prior imaging in November 2015. He was in the process of being further evaluated in preparation for interventional versus surgical intervention of his progressive AAA.

Electronically Signed

07/21/16 1030

SAMUEL DONOHOE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 45

Acct#:

MR#: M0203326

Admit Date: 07/20/16

Loc: CCU

14

HISTORY AND PHYSICAL REPORT 07/20/16

Otherwise ER notes that parent(s) report that patient's baseline personality/mood is aggressive and labile.

ROS:

Unable to assess

Past Medical History:

HL

AAA 5.6 cm dia

Convex scoliosis

Sebaceous cyst R posterior auricular region

Acute OM R ear

Past Surgical History:

Unknown

Family History:

Unknown

Social History:

Currently incarcerated at SCCC. Unknown tobacco use. Ostensibly no EtOH, MJ, or illicit drug use.

Past Med/Surg/Psych/Fam/Subst**Allergies****Coded Allergies:**

Unable to Obtain Allergy Info (07/20/16)

Medications**Reported Medications**

Simvastatin 40 PO DAILY

Electronically Signed

07/21/16 1030

SAMUEL DONOHOE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 45

Acct#:

Admit Date: 07/20/16

MR#: M0203326

Loc: CCU

HISTORY AND PHYSICAL REPORT 07/20/16

7-20-16

(15)

Substance Use:

Patient smoking status: Unknown if Ever Smoked

Alcohol use: No

Physical Exam**Physical examination general:**

Current Vital Signs, I&Os:

Date	Temp	Pulse	Resp	B/P	Pulse Ox	FiO2
07/20-07/21	0.0-36.5	49-77	14-20	80-184/61-131	60-100	50-70

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
07/21 0736					100			
07/21 0600		52	17	121/87	99			
07/21 0530		50	18	139/96	98			
07/21 0500		49	17	141/99	100			
07/21 0430		50	17	130/88	99			
07/21 0423					100	Ventilator		50
07/21 0400		57	17	81/61	98			
07/21 0330		58	17	80/62	99			
07/21 0315		59	18	80/61	99			
07/21 0300		57	17	88/66	99			
07/21 0245		57	17	91/67	99			
07/21 0230		56	17	96/71	100			

	07/21 0700
Intake Total	2149.00
Output Total	1250.00
Balance	899.00
Intake, IV	2149.00

Electronically Signed

07/21/16 1030

SAMUEL DONOHOE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 45

Acct#:

Admit Date: 07/20/16

MR#: M0203326

Loc: CCU

7-20-16

(18)

HISTORY AND PHYSICAL REPORT 07/20/16

Output, Urine	1250.00
Patient Weight	77.3 kg

General appearance: intubated, sedated**HEENT:** normocephalic, atraumatic, pink conjunctivae, anicteric sclerae, PERRL, ETT and NGT in-situ**Neck:** supple, no lymphadenopathy**Respiratory:** clear auscultation bilat**Cardiovascular:** regular rate/rhythm, normal S1/S2, no murmurs/rubs/gallops**Abdominal:** soft, nontender, nondistended, normal bowel sounds, no guarding, no masses, no organomegaly**Genitourinary:** clear yellow urine, Foley catheter**Musculoskeletal:** sedated, unable to assess**Extremities:** no cyanosis, no clubbing, no edema**Skin:** spider angiomas upper chest, shoulders**Neurologic:** not alert**Current labs:**

07/21/16 0530:

8.9	13.9	173
	41.0	

140	103	16.0	97
4.2		0.8	

07/20/16 2000:

6.4	14.2	195
	42.1	

138	105	18.0	104
4.8		0.9	

Laboratory Tests

	07/21	07/21	07/20	07/20
--	-------	-------	-------	-------

Electronically Signed

07/21/16 1030

SAMUEL DONOHUE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 45

Acct#:

Admit Date: 07/20/16

MR#: M0203326

Loc: CCU

HISTORY AND PHYSICAL REPORT 07/20/16

7-20-16

(17)

	0715	0530	2003	2000
Blood Gas				
pCO2 (32 - 45 mmHg)	27 L			
pO2 (75 - 100 mmHg)	101 H			
Bicarbonate Standard (22 - 29 mmol/L)	21 L			
O2 Sat Specimen (85 - 100 %)	98			
ABG pH (7.35 - 7.45)	7.51 H			
ABG Base Excess (-2 - 3 mmol/L)	-0			
Modified Allen Test	POS (PASS)			
O2 Delivery Device	VENT			
Vent Rate	70/550/18/5			
Chemistry				
POC Sodium (138 - 146 mEq/L)			141	
Sodium (136 - 145 mEq/L)		140		
POC Potassium (3.5 - 4.5 mEq/L)			4.8 H	
Potassium (3.5 - 5.1 mEq/L)		4.2		
POC Chloride (96 - 108 mEq/L)			107	
Chloride (96 - 107 mEq/L)		103		
POC Total CO2 (24 - 29 mEq/L)			21 L	
Serum Bicarbonate (22 - 31 mEq/L)		21 L		
Anion Gap (7 - 18)		20 H		
POC BUN (7.8 - 21.4 mg/dL)			20.0	
BUN (8.0 - 23.0 mg/dL)		16.0		
Creatinine (0.7 - 1.2 mg/dL)		0.8		
POC Creatinine (0.7 - 1.2 mg/dL)			0.9	
Est GFR (MDRD) Non-Af (SEE NOTE SEE NOTE)		> 59		
POC Glucose (60 - 121 mg/dL)			105	
Random Glucose (60 - 140 mg/dL)		97		
Lactic Acid (0.5 - 2.0 mmol/L)				1.5
Calcium (8.8 - 10.2 mg/dL)		8.3 L		
Calcium Adj for Albumin (mg/dL)		8.5		
POC Ioniz Calcium Meas (4.6 - 5.2 mg/dL)			4.2 L	
Total Bilirubin (0.2 - 1.0 mg/dL)		1.0		
AST (10 - 34 U/L)		14		

Electronically Signed

07/21/16 1030

SAMUEL DONOHOE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 45

Acct#:

Admit Date: 07/20/16

MR#: M0203326

Loc: CCU

HISTORY AND PHYSICAL REPORT

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HISTORY AND PHYSICAL REPORT 07/20/16

7-20-16

(18)

ALT (10 - 44 U/L)		10	
Alkaline Phosphatase (40 - 129 UL)		60	
Total Protein (6.4 - 8.3 g/dL)		5.9 L	
Albumin (3.4 - 4.8 g/dL)		3.7	
Albumin/Globulin Ratio (1 - 1.8)		1.7	
Hematology			
WBC (3.6 - 10.8 thou/uL)		8.9	
RBC (4.21 - 5.94 mill/uL)		4.74	
Hgb (12.5 - 17.1 g/dL)		13.9	
POC Hgb (14.0 - 18.0 g/dL)			14.6
Hct (37.9 - 50.0 %)		41.0	
POC Hct (42 - 52 %)			43.0
MCV (78.0 - 97.0 fL)		86.5	
MCH (25.5 - 29.4 pg)		29.3	
MCHC (31.0 - 37.0 g/dL)		33.9	
RDW (11.7 - 14.6 %)		15.1 H	
Plt Count (140 - 410 thou/uL)		173	
MPV (9.8 - 13.0 fL)		12.4	

	07/20 2000	07/20 2000	07/20 1957
Blood Gas			
pCO2 (32 - 45 mmHg)			31 L
pO2 (75 - 100 mmHg)			338 H
Bicarbonate Standard (22 - 29 mmol/L)			21 L
O2 Sat Specimen (85 - 100 %)			99
ABG pH (7.35 - 7.45)			7.45
ABG Base Excess (-2 - 3 mmol/L)			-2
Modified Allen Test			POS (PASS)
O2 Delivery Device			VENT
Vent Rate			100/550/20/5
Chemistry			
Sodium (136 - 145 mEq/L)		138	
Potassium (3.5 - 5.1 mEq/L)		4.8	

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07/21/16 1030

SAMUEL DONOHOE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: . . . 45

Acct#:

Admit Date: 07/20/16

MR#: M0203326

Loc: CCU

7-20-16

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HISTORY AND PHYSICAL REPORT 07/20/16

Chloride (96 - 107 mEq/L)		105	
Serum Bicarbonate (22 - 31 mEq/L)		23	
Anion Gap (7 - 18)		15	
BUN (8.0 - 23.0 mg/dL)		18.0	
Creatinine (0.7 - 1.2 mg/dL)		0.9	
Est GFR (MDRD) Non-Af (SEE NOTE SEE NOTE)		> 59	
Random Glucose (60 - 140 mg/dL)		104	
Calcium (8.8 - 10.2 mg/dL)		7.9 L	
Calcium Adj for Albumin (mg/dL)		8.0	
Total Bilirubin (0.2 - 1.0 mg/dL)		0.9	
AST (10 - 34 U/L)		14	
ALT (10 - 44 U/L)		11	
Alkaline Phosphatase (40 - 129 UL)		60	
Troponin T (<0.01 ng/mL)		< 0.01	
B-Natriuretic Peptide (0 - 900 pg/mL)	75		
Total Protein (6.4 - 8.3 g/dL)		6.5	
Albumin (3.4 - 4.8 g/dL)		3.9	
Albumin/Globulin Ratio (1 - 1.8)		1.5	
Coagulation			
PT (11.3 - 14.6 sec)		14.3	
INR		1.06	
Hematology			
WBC (3.6 - 10.8 thou/uL)		6.4	
RBC (4.21 - 5.94 mill/uL)		4.91	
Hgb (12.5 - 17.1 g/dL)		14.2	
Hct (37.9 - 50.0 %)		42.1	
MCV (78.0 - 97.0 fL)		85.7	
MCH (25.5 - 29.4 pg)		28.9	
MCHC (31.0 - 37.0 g/dL)		33.7	
RDW (11.7 - 14.6 %)		14.9 H	
Plt Count (140 - 410 thou/uL)		195	
MPV (9.8 - 13.0 fL)		11.9	
Toxicology			
Salicylates (<30 mg/dL)		< 0.3	

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07/21/16 1030

SAMUEL DONOHUE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 11/01/45

Acct#: G019621986

Admit Date: 07/20/16

MR#: M0203326

Loc: CCU

7-20-16

~~20~~
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HISTORY AND PHYSICAL REPORT 07/20/16

Acetaminophen (<30 ug/mL)		< 5	
Serum Alcohol (<0.01 gm/dL)		< 0.01	

Current imaging:**CT head/C-spine non-con 7/20/16****FINDINGS**

CT HEAD: No mass, midline shift, hydrocephalus, or acute intracranial hemorrhage. There is a moderate amount of periventricular low attenuation. This is a nonspecific finding commonly ascribed to changes chronic ischemic microangiopathy. There is mild to moderate cortical atrophy. There is mild bilateral ethmoid sinus mucosal thickening. The calvarium is unremarkable.

CT CERVICAL SPINE: Reversal of the normal cervical curve with the apex at C3-C4 disc space. There is advanced multilevel degenerative disc and facet disease. No fracture or malalignment. ET and NG tube within the neck soft tissues. The lung apices are unremarkable.

IMPRESSION

1. Moderate nonspecific white matter changes and cortical atrophy.
2. Advanced degenerative disc and facet disease without fracture.
3. Reversal of the normal cervical curve.
4. NG tube coiled within the esophagus.

CXR 7/21/16**FINDINGS**

Scoliosis which distorts the thoracic structures. Endotracheal tube tip 3 cm above the carina. NG tube tip left upper quadrant. The heart and mediastinum are normal. Lungs appear normal, without mass, consolidation or nodules.

IMPRESSION

1. Endotracheal tube tip 3 cm above the carina.

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07/21/16 1030

SAMUEL DONOHOE, MD

 GRAYS HARBOR COMMUNITY HOSPITAL
 Aberdeen, WA 98520

Name: MARKS, PAUL D
 DOB: 11/01/45
 Acct#: G019621986 MR#: M0203326
 Admit Date: 07/20/16 Loc: CCU

7-20-16

(20)

HISTORY AND PHYSICAL REPORT 07/20/16

2. No acute cardiopulmonary changes.
3. Scoliosis.

CT abd/pelvis 7/20/16**FINDINGS**

CT ABDOMEN: Bibasilar consolidation and small pleural effusions may represent aspiration. The heart size stable. Stable cyst right lobe of the liver. Liver otherwise unremarkable. The gallbladder, pancreas, spleen and adrenal glands are unremarkable for a noncontrasted study. The kidneys are symmetrical without cortical thinning or calcifications. No hydronephrosis. No retroperitoneal or mesenteric lymphadenopathy. There is an infrarenal abdominal aortic aneurysm which is stable in diameter, measuring up to 5.5 cm. The small and large bowel are normal in caliber.

CT PELVIS: Foley catheter within the urinary bladder. There is some air within the bladder likely iatrogenic. No lymphadenopathy or ascites.

No pathological bone lesions. Scoliotic curve lumbar spine.

NG tube tip within the distal esophagus.

IMPRESSION

1. Bibasilar consolidation possibly representing aspiration.
2. Stable infrarenal abdominal aortic aneurysm.
3. Foley catheter within the urinary bladder.
4. NG tube tip within the distal esophagus and should be advanced 10-15 cm.

Impressions/Treatment Plan**Problems/Plan:*****Electronically Signed***

07/21/16 1030

SAMUEL DONOHOE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D
DOB: 11/01/45
Acct#: G019621986 MR#: M0203326
Admit Date: 07/20/16 Loc: CCU

7-20-16

(22)

HISTORY AND PHYSICAL REPORT 07/20/16

Seizure.

Unclear etiology. No known hx. No AICA on CT head. MR brain seizure protocol once off ventilator. EEG once off sedation. Dilantin loaded in ER. Will substitute Keppra for Dilantin for relative ease of dosing and avoid drug level monitoring though need to remain mindful of potential mood changes (aggression, irritability) on Keppra.

Respiratory alkalosis.

Will adjust ventilator settings.

Bibasilar lung consolidations on imaging.

Not reported on AM CXR. No clear/obvious signs of infection (fever, leukocytosis). Will defer antibiotics and monitor for now.

AAA.

Pending intervention.

HL.

Statin non-essential currently.

FEN - NPO, IVFs

PPx - enoxaparin

Full code / Full care

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07/21/16 1030

SAMUEL DONOHOE, MD

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 11/01/45

Acct#: G019621986

Admit Date: 07/20/16

MR#: M0203326

Loc: CCU

7-20-16

(22)

EMERGENCY DEPARTMENT REPORT 07/20/16

****See Addendum******History of Present Illness****General****Time Seen by MD:** 1954**Arrival to unit via:** Stretcher with Security**Chief Complaint** Seizure**Source** EMS, Security**History of Present Illness****Initial Comments**

Patient is a 70-year-old male with a chief complaint of seizure.

Per security and EMS, the patient was refusing to remove out of the breezeway at Stafford Creek correctional facility. This ended up with an altercation with the guards, and an aggressive take down. As the patient was being escorted to a solitary confinement, the patient apparently had a generalized tonic/clonic seizure. This persisted for at least 25+ minutes. Patient has no known seizure disorder.

Patient was evaluated today for an abdominal aneurysm which measures 5.6 cm.

It is unknown if the patient had any toxic ingestions today. It is unknown if the patient was altered.

Parents report that the patient is normally labile and aggressive.

PAST HX**Past History:****Medical History:**

Hyperlipidemia

AAA, 5.6 cm

Medications:**Reported Medications**

Simvastatin (Unknown Dose) PO

Allergies:***Electronically Signed***

07/20/16 2211

KEVIN J MIERZEJEWSKI, DO

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D
DOB: 11/01/45
Acct#: G019621986 MR#: M0203326
Service Date: 07/20/16 Loc: ER

7-2016 (24)

EMERGENCY DEPARTMENT REPORT 07/20/16

Coded Allergies:

Unable to Obtain Allergy Info (07/20/16)

Review of Systems**Review of Systems****Constitutional:**

Reports: unable to obtain.

Physical Exam**General appearance comment:**

Exam limited by: Intubated, paralyzed

General appearance: well-nourished, well-developed, no acute distress

HEENT: head atraumatic, ENT inspection normal, Moist mucous membranes

Neck: normal inspection, trachea midline, no JVD

Respiratory: chest non-tender, no respiratory distress, Breath sounds normal

Heart: regular rate and rhythm, no murmur, gallops, rubs

Abdomen: soft, large mass in left lower quadrant which is pulsatile.

Extremities: normal appearance, no pedal edema. Patient is currently restrained and backboarded

Neuro: GCS is 3 T evaluation is currently limited by paralysis,

Psych: Unable to assess psychological at this time

Skin: Pallor, warm and dry

Patient Evaluation**EKG/XRAY/CT****CT**

Head/C-spine: Negative

Abdomen/pelvis without contrast: No evidence of aneurysmal leak. Consolidation bilateral lower lung bases.

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07/20/16 2211

KEVIN J MIERZEJEWSKI, DO

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D

DOB: 11/01/45

Acct#: G019621986

Service Date: 07/20/16

MR#: M0203326

Loc: ER

7-20-16

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EMERGENCY DEPARTMENT REPORT 07/20/16

Clinical Course**Course:****Time:** 2208**Comment:**

Spoke with Dr. Donohoe, willing to accept the patient.

Re-evaluated, under lightened sedation. Patient is able to withdrawal and localize pain. Still not able to fully follow commands.

Critical Care Time: 30-74 minutes**Critical Care:**

The patient satisfied the definition of criticality in that they had a high probability of imminent deterioration of their condition. Critical care time includes time spent at the bedside plus, where appropriate: gathering information from family, EMS, old records, caregivers, interpretation of test results, and time spent discussing patient with other physicians.

Departure**Completion of Care Time:** 2209**Clinical Impression:****Primary Impression:** Respiratory failure**Secondary Impressions:** History of abdominal aortic aneurysm, Seizure-like activity**Disposition** ER ADMIT TO CCU/ICU**Condition:** Stable**Patient Instructions** myGHCares Patient Portal, Where should I go for care?**Departure Forms****Durable Medical Equipment****Home Medications/Allergy List****Routine Aftercare****ADDENDUM: MIERZEJEWSKI, KEVIN on 07/20/16 at 2211**

Sinus @ 72. No interval abnormalities. No ST-T wave changes

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07/20/16 2211

KEVIN J MIERZEJEWSKI, DO

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D**DOB:** 11/01/45**Acct#:** G019621986**Service Date:** 07/20/16**MR#:** M0203326**Loc:** ER

7-20-16 (25)

EMERGENCY DEPARTMENT REPORT 07/20/16

Electronically Signed

07/20/16 2211

KEVIN J MIERZEJEWSKI, DO

GRAYS HARBOR COMMUNITY HOSPITAL
Aberdeen, WA 98520

Name: MARKS, PAUL D
DOB: 11/01/45
Acct#: G019621986 MR#: M0203326
Service Date: 07/20/16 Loc: ER

EMERGENCY DEPARTMENT REPORT

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RUN DATE: 09/07/16

Grays Harbor Laboratory

PAGE 1

RUN TIME: 1048

Lab Archive System Summary Report <<< FINAL >>>

RUN USER: JBYRD

PCI User: JBYRD Lab Database: LAB.GRY

PATIENT: MARKS, PAUL D	ACCT #: G019621986	LOC: 3RD	U #: M0203326
REG DR: DONOHUE, SAMUEL MD	AGE/SX: 70/M	ROOM: 316	REG: 07/20/16
	STATUS: DIS IN	BED: 02	DIS: 07/22/16

*****POINT-OF-CARE TESTING*****

Date	7/20/16			Reference	Units
Time	2003				
Sodium poc	141(a)			[138-146]	mEq/L
Potassium poc	4.8(a) H			[3.5-4.5]	mEq/L
Chloride poc	107(a)			[96-108]	mEq/L
Total CO2 poc	21(a) L			[24-29]	mEq/L
Glu Rand poc	105(a)			[60-121]	mg/dL
BUN poc	20.0(a)			[7.8-21.4]	mg/dL
Creatinine poc	0.9(a)			[0.7-1.2]	mg/dL
Calcium Ion poc	4.2(b) L			[4.6-5.2]	mg/dL
Hemoglobin poc	14.6(a)			[14.0-18.0]	g/dL
Hematocrit poc	43.0(a)			[42-52]	%

*****CHEMISTRY*****

Date	7/22/16	7/21/16	7/20/16		Reference	Units
Time	0600	0530	2000			
Sodium	144	140			[136-145]	mEq/L
Potassium	4.1	4.2			[3.5-5.1]	mEq/L
Chloride	110 H	103			[96-107]	mEq/L
Bicarbonate	24	21 L			[22-31]	mEq/L
Anion Gap	14	20 H			[7-18]	
Lactic Acid Ven			1.5		[0.5-2.0]	mmol/L
Glucose Random	89	97			[60-140]	mg/dL
Urea Nitrogen	23.0	16.0			[8.0-23.0]	mg/dL
Creatinine	1.0	0.8			[0.7-1.2]	mg/dL
GFR Est NonAfr	> 59(d)	> 59(d)			[SEE NOTE]	SEE NOTE
Calcium	8.1 L	8.3 L			[8.8-10.2]	mg/dL
Alb.adj.Calcium	8.5	8.5				mg/dL
Total Protein	5.8(e) L	5.9(e) L			[6.4-8.3]	g/dL
Albumin	3.5	3.7			[3.4-4.8]	g/dL
A/G Ratio	1.5	1.7			[1-1.8]	
Bilirubin Total	0.7	1.0			[0.2-1.0]	mg/dL

NOTES: (a) GHCH Point of Care Testing
 Performed as point-of-care at Grays Harbor Community Hospital
 915 Anderson Drive, Aberdeen, WA 98520
 Francois Cady, M.D.

(b) See (c), (a)

(c) Performed on whole blood. Reference range differs from serum. No pediatric range.

(d) Adult reference range (>18 yrs of age) for eGFR is >59mL/min/1.73sq.meters. This result is for non-African Americans. If patient is African American, multiply by 1.21 for correct estimate.

(e) For recumbent patients: 6.0 - 7.8 is "normal."
 Patients >60y may run about 0.2g lower.

Patient: MARKS, PAUL D	Age/Sex: 70/M	Acct#G019621986	Unit#M0203326
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RUN DATE: 09/07/16

Grays Harbor Laboratory

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RUN TIME: 1048

Lab Archive System Summary Report <<< FINAL >>>

RUN USER: JBYRD

PCI User: JBYRD Lab Database: LAB.GRY

Patient: MARKS, PAUL D

#G019621986

(Continued)

CHEMISTRY continued...

Date	7/22/16	7/21/16	7/20/16	Reference	Units
Time	0600	0530	2000		
ALT	10	10		[10-44]	U/L
Alk Phosphatase	60	60		[40-129]	UL
AST	13	14		[10-34]	U/L

Date	7/20/16	Reference	Units
Time	2000		
Sodium	138	[136-145]	mEq/L
Potassium	4.8	[3.5-5.1]	mEq/L
Chloride	105	[96-107]	mEq/L
Bicarbonate	23	[22-31]	mEq/L
Anion Gap	15	[7-18]	
Glucose Random	104	[60-140]	mg/dL
Urea Nitrogen	18.0	[8.0-23.0]	mg/dL
Creatinine	0.9	[0.7-1.2]	mg/dL
GFR Est NonAfr	> 59(f)	[SEE NOTE]	SEE NOTE
Calcium	7.9 L	[8.8-10.2]	mg/dL
Alb.adj.Calcium	8.0		mg/dL
Total Protein	6.5(g)	[6.4-8.3]	g/dL
Albumin	3.9	[3.4-4.8]	g/dL
A/G Ratio	1.5	[1-1.8]	
Bilirubin Total	0.9	[0.2-1.0]	mg/dL
ALT	11	[10-44]	U/L
Alk Phosphatase	60	[40-129]	UL
AST	14	[10-34]	U/L
Troponin T	< 0.01	[<0.01]	ng/mL
Alcohol Serum	< 0.01(h)	[<0.01]	gm/dL

THERAPEUTIC DRUG MONITORING

Date	7/20/16	Reference	Units
Time	2000		
Acetaminophen	< 5	[<30]	ug/mL
Salicylates	< 0.3	[<30]	mg/dL

NOTES: (f) Adult reference range (>18 yrs of age) for eGFR is >59mL/min/1.73sq.meters. This result is for non-African Americans. If patient is African American, multiply by 1.21 for correct estimate.

(g) For recumbent patients: 6.0 - 7.8 is "normal." Patients >60y may run about 0.2g lower.

(h) Values up to 0.050 gm/dL are not indicative of alcohol intoxication.

Patient: MARKS, PAUL D

Age/Sex: 70/M

Acct#G019621986

Unit#M0203326

RUN DATE: 09/07/16

Grays Harbor Laboratory

PAGE 3

RUN TIME: 1048

Lab Archive System Summary Report <<< FINAL >>>

RUN USER: JBYRD

PCI User: JBYRD Lab Database: LAB.GRY

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Patient: MARKS, PAUL D

#G019621986

(Continued)

*****BLOOD GASES & COOXIMETRY*****

Date	7/21/16	7/20/16		
Time	0715	1957	Reference	Units
Oxygen Delivery	VENT	VENT		
FI02/VT/Rate?	70/550/18/5	100/550/20/5		
pH, Arterial	7.51 H	7.45	[7.35-7.45]	
PCO2	27 L	31 L	[32-45]	mmHg
PO2	101 H	338 H	[75-100]	mmHg
Bicarbonate	21 L	21 L	[22-29]	mmol/L
Base Excess	-0	-2	[-2-3]	mmol/L
O2 Saturation	98	99	[85-100]	%

Patient: MARKS, PAUL D

Age/Sex: 70/M

Acct#G019621986

Unit#M0203326

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RUN DATE: 09/07/16

Grays Harbor Laboratory

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RUN TIME: 1048

Lab Archive System Summary Report <<< FINAL >>>

RUN USER: JBYRD

PCI User: JBYRD Lab Database: LAB.GRY

Patient: MARKS, PAUL D

#G019621986

(Continued)

*****HEMATOLOGY*****

Date Time	7/22/16 0600	7/21/16 0530	7/20/16 2000	Reference	Units
WBC	7.2	8.9	6.4	[3.6-10.8]	thou/uL
RBC	4.76	4.74	4.91	[4.21-5.94]	mill/uL
Hemoglobin	13.5	13.9	14.2	[12.5-17.1]	g/dL
Hematocrit	40.8	41.0	42.1	[37.9-50.0]	%
MCV	85.7	86.5	85.7	[78.0-97.0]	fL
MCH	28.4	29.3	28.9	[25.5-29.4]	pg
MCHC	33.1	33.9	33.7	[31.0-37.0]	g/dL
RDW-CV (aniso)	15.5 H	15.1 H	14.9 H	[11.7-14.6]	%
Platelets	171	173	195	[140-410]	thou/uL
MPV	12.6	12.4	11.9	[9.8-13.0]	fL

COAGULATION

Date Time	7/20/16 2000	Reference	Units
Protime	14.3	[11.3-14.6]	sec
INR	1.06 (i)		

Test	Day	Date	Time	Result	Reference	Units
NT-proBNP	1	JUL 20	2000	75(j)	[0-900]	pg/mL
Mod Allen Test	2	JUL 21	0715	POS (PASS)		
Mod Allen Test	1	JUL 20	1957	POS (PASS)		
Methamphetamine	1	JUL 20	UNK	Negative	[Negative]	
Cocaine	1	JUL 20	UNK	Negative	[Negative]	
THC (Marijuana)	1	JUL 20	UNK	Negative	[Negative]	

NOTES: (i) INR therapeutic range: 2.0-3.0
 Prosthetic valves & recurrent systemic embolism: 3.0-4.5
 WARNING: Heparin within last 2 hours of collection may cause a false elevation. (Not a problem with low-molecular weight heparins.)

(j) 50-75 years of age
 NT-proBNP values <300 pg/mL have a 99% negative predictive value for excluding acute congestive heart failure(CHF).
 A cutoff of 1,200 pg/mL for patients with an eGFR <60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. A diagnostic NT-proBNP cutoff of 900 pg/mL has been suggested in adults 50 to 75 years of age in the absence of renal failure.

References:

Januzzi JL, et.al. Am J Cardiol 2005;95:948-954.
 Baggish AL, et.al. Crit Pathways in Cardiol 2004;3:171-176.
 DeFilippi C, et.al. Am J Cardiol 2008;101(suppl):82A-88A.

Patient: MARKS, PAUL D

Age/Sex: 70/M

Acct#G019621986

Unit#M0203326

RUN DATE: 09/07/16

Grays Harbor Laboratory

RUN TIME: 1048

Lab Archive System Summary Report <<< FINAL >>>

RUN USER: JBYRD

PCI User: JBYRD Lab Database: LAB.GRY

Patient: MARKS, PAUL D

#G019621986

(Continued)

Test	Day	Date	Time	Result	Reference	Units
MDMA (Ecstasy)	1	JUL 20	UNK	Negative	[Negative]	
Methadone	1	JUL 20	UNK	Negative	[Negative]	
Opiates	1	JUL 20	UNK	Negative	[Negative]	
Benzodiazepines	1	JUL 20	UNK	(k) Abn	[Negative]	
Tricycl Antidep	1	JUL 20	UNK	Negative	[Negative]	
Barbiturates	1	JUL 20	UNK	Negative	[Negative]	
Phencyclidine	1	JUL 20	UNK	Negative	[Negative]	
Amphetamines	1	JUL 20	UNK	Negative	[Negative]	
Oxycodone	1	JUL 20	UNK	Negative	[Negative]	
Drug Cut-offs	1	JUL 20	UNK	SEE BELOW (m)		

NOTES: (k) POSITIVE Abn
See also (l)

(l) This is a screening test for clinical purposes only. A more specific alternate method must be ordered for confirmation. Clinical consideration and professional judgment should be applied when interpreting this screen. If needed, confirmation must be ordered separately.

(m) The following cut-off concentrations are established for the drug classes screened:

PCP	Phencyclidine	25 ng/mL
BZO	Benzodiazepines	300 ng/mL
COC	Cocaine	300 ng/mL
AMP	Amphetamines	1000 ng/mL
THC	Marijuana Metabolites	50 ng/mL
OPI	Opiates	300 ng/mL
BAR	Barbiturates	300 ng/mL
TCA	Tricyclic Antidepressants	1000 ng/mL
OXY	Oxycodone	100 ng/mL
MET	Methamphetamine	1000 ng/mL
MTD	Methadone	300 ng/mL
MDMA	Ecstasy	500 ng/mL

Patient: MARKS, PAUL D

Age/Sex: 70/M

Acct#G019621986

Unit#M0203326

RUN DATE: 09/07/16

Grays Harbor Laboratory

RUN TIME: 1048

Lab Archive System Summary Report <<< FINAL >>>

RUN USER: JBYRD

PCI User: JBYRD Lab Database: LAB.GRY

Patient: MARKS, PAUL D

#G019621986

(Continued)

MICROBIOLOGY

*****BACTERIOLOGY*****

Specimen: 16:B0005703R

COMP

Collected: 07/20/16-2300

Received: 07/21/16-0724

Source: NARES

Sp Descrip: BOTH

> MRSA SCREEN

Final 07/22/16

NEGATIVE for Methicillin Resistant Staph.aureus

Patient: MARKS, PAUL D

Age/Sex: 70/M

Acct#G019621986

Unit#M0203326

RUN DATE: 09/07/16

Grays Harbor Laboratory

RUN TIME: 1048

Lab Archive System Summary Report <<< FINAL >>>

RUN USER: JBYRD

PCI User: JBYRD Lab Database: LAB.GRY

Patient: MARKS, PAUL D

#G019621986

(Continued)

CANCELLED SPECIMENS

0720:BB00006S CAN, Coll: 07/20/16-2000 Recd: - (R#01730949) MIERZEJEWSKI, KE

Ordered: Grp, Type & Scn

Comment: CANCEL PER DR MIERZEJEWSKI

Patient: MARKS, PAUL D

Age/Sex: 70/M

Acct#G019621986

Unit#M0203326

7-20-16 (34)

Patient Name: MARKS, PAUL D

Unit No: M0203326

TYPE/EXAM

000842423 MR/MRI BRAIN W/VO CON

HOW IS PATIENT TO BE TRANSPORTED? WC - WHEELCHAIR

Is patient pregnant?

Does the patient have a pacemaker? N - NO

CLINICAL HISTORY: Seizure

Rule Out is not a clinical history.?

PROCEDURE: MRI OF THE BRAIN WITH & WITHOUT CONTRAST

COMPARISON: None.

INDICATIONS: Seizure.

TECHNIQUE

Multipplanar multisequence MRI imaging of brain performed before and after administration of 7 mL Gadavist.

FINDINGS

MRI imaging of the brain demonstrates no mass, midline shift, hydrocephalus, restricted diffusion or abnormal enhancement. Mild generalized atrophy. There is a minimal amount of periventricular T2 signal abnormality. This is commonly described to changes of chronic ischemic microangiopathy. The cerebellum, mid brain, and pons are unremarkable.

Thin section imaging through the temporal lobes demonstrates no mesial temporal lobe sclerosis. No etiology for seizure on current examination.

The optic nerves and chiasm are unremarkable.

IMPRESSION

Normal aging brain. No etiology for seizure on current exam.

Dictated by: RYAN FARRER, DO on 7/21/2016 at 15:12

PAGE 1

Signed Report Printed From PCI (CONTINUED)

Grays Harbor Community Hospital
Diagnostic Imaging Department
915 Anderson Dr * Aberdeen, WA 98520

Name: MARKS, PAUL D
Phys: DONOHUE, SAMUEL MD
DOB: 11/01/1945 Age: 70 Sex: M
Acct No: G019621986 Loc: 316 02
Exam Date: 07/21/2016 Status: DIS IN
Unit No: M0203326

7-20-16

~~34~~
35

Patient Name: MARKS, PAUL D
Unit No: M0203326

TYPE/EXAM

000842423 MR/MRI BRAIN W/WO CON

HOW IS PATIENT TO BE TRANSPORTED? WC - WHEELCHAIR

Is patient pregnant?

Does the patient have a pacemaker? N - NO

CLINICAL HISTORY: Seizure

Rule Out is not a clinical history.?

<Continued>

Transcribed by: MMTD on 7/21/2016 at 15:15

Approved by: RYAN FARRER, DO on 7/21/2016 at 15:35

** REPORT SIGNED IN OTHER VENDOR SYSTEM 07/21/2016 **
Reported By: RYAN FARRER, D.O.

CC: SAMUEL DONOHOE MD; PATIENT UNABLE

Transcribed Date/Time: 07/21/2016 (1515)

Transcriptionist: MMTDISMUKE

Printed Date/Time: 09/07/2016 (1048)

PAGE 2

Signed Report Printed From PCI

Grays Harbor Community Hospital
Diagnostic Imaging Department
915 Anderson Dr * Aberdeen, WA 98520

Name: MARKS, PAUL D
Phys: DONOHOE, SAMUEL MD
DOB: 11/01/1945 Age: 70 Sex: M
Acct No: G019621986 Loc: 316 02
Exam Date: 07/21/2016 Status: DIS IN
Unit No: M0203326

Patient Name: MARKS, PAUL D
Unit No: M0203326

7-20-16

(36)

TYPE/EXAM

000842338 XR/PORTABLE CHEST

HOW IS PATIENT TO BE TRANSPORTED? P - PORTABLE

Is patient pregnant?

IS PATIENT ABLE TO STAND? Y

CLINICAL HISTORY: INTUBATED

IS THE PATIENT SOB? N

IS THE PATIENT HAVING CHEST PAIN? N

ROOM EXAM NEEDED IN/? C - CCU

PROCEDURE: PORTABLE CHEST X-RAY

COMPARISON: Grays Harbor Community Hospital, CR, PORTABLE CHEST,
7/20/2016, 20:12.

INDICATIONS: Intubated.

FINDINGS

Scoliosis which distorts the thoracic structures. Endotracheal tube tip 3 cm above the carina. NG tube tip left upper quadrant. The heart and mediastinum are normal. Lungs appear normal, without mass, consolidation or nodules.

IMPRESSION

1. Endotracheal tube tip 3 cm above the carina.
2. No acute cardiopulmonary changes.
3. Scoliosis.

Dictated by: RYAN FARRER, DO on 7/21/2016 at 9:01

Transcribed by: MMMB on 7/21/2016 at 9:05

Approved by: RYAN FARRER, DO on 7/21/2016 at 13:43

** REPORT SIGNED IN OTHER VENDOR SYSTEM 07/21/2016 **
Reported By: RYAN FARRER, D.O.

CC: SAMUEL DONOHOE MD; PATIENT UNABLE

Transcribed Date/Time: 07/21/2016 (0906)

Transcriptionist: MMMBALESTR

Printed Date/Time: 09/07/2016 (1048)

PAGE 1

Signed Report Printed From PCI

Grays Harbor Community Hospital
Diagnostic Imaging Department
915 Anderson Dr * Aberdeen, WA 98520

Name: MARKS, PAUL D
Phys: DONOHOE, SAMUEL MD
DOB: 11/01/1945 Age: 70 Sex: M
Acct No: G019621986 Loc: 316 02
Exam Date: 07/21/2016 Status: DIS IN
Unit No: M0203326

7-20-16 (37)

Patient Name: MARKS, PAUL D
Unit No: M0203326

TYPE/EXAM

000842319 CT/CT ABD/PEL W/O

CLINICAL HISTORY: AAA 5.6 cm found today, now seizure and coma

Rule Out is not a clinical history.?

COMMENT:

PROCEDURE: CT OF THE ABDOMEN AND PELVIS WITHOUT CONTRAST

COMPARISON: Grays Harbor Community Hospital, CT, CT ABD/PEL
ANGIOGRAPHY, 2/04/2015, 9:37.

INDICATIONS: Abdominal aortic aneurysm, 5.6 cm found today, now seizure and coma.

TECHNIQUE

Noncontrast CT images of the abdomen and pelvis were obtained in the prone position to evaluate for urinary collecting system calculus. Coronal and sagittal reconstructed images were performed. Dose reduction techniques were utilized.

FINDINGS

CT ABDOMEN: Bibasilar consolidation and small pleural effusions may represent aspiration. The heart size stable. Stable cyst right lobe of the liver. Liver otherwise unremarkable. The gallbladder, pancreas, spleen and adrenal glands are unremarkable for a noncontrasted study. The kidneys are symmetrical without cortical thinning or calcifications. No hydronephrosis. No retroperitoneal or mesenteric lymphadenopathy. There is an infrarenal abdominal aortic aneurysm which is stable in diameter, measuring up to 5.5 cm. The small and large bowel are normal in caliber.

CT PELVIS: Foley catheter within the urinary bladder. There is some air within the bladder likely iatrogenic. No lymphadenopathy or ascites.

No pathological bone lesions. Scoliotic curve lumbar spine.

NG tube tip within the distal esophagus.

IMPRESSION

1. Bibasilar consolidation possibly representing aspiration.
2. Stable infrarenal abdominal aortic aneurysm.
3. Foley catheter within the urinary bladder.
4. NG tube tip within the distal esophagus and should be advanced 10-15 cm.

PAGE 1

Signed Report Printed From PCI (CONTINUED)

Grays Harbor Community Hospital
Diagnostic Imaging Department
915 Anderson Dr * Aberdeen, WA 98520

Name: MARKS, PAUL D
Phys: MIERZEJEWSKI, KEVIN J DO
DOB: 11/01/1945 Age: 70 Sex: M
Acct No: G019621986 Loc: 316 02
Exam Date: 07/20/2016 Status: DIS IN
Unit No: M0203326

Patient Name: MARKS, PAUL D
Unit No: M0203326

7-20-16

38

TYPE/EXAM

000842319 CT/CT ABD/PEL W/O

CLINICAL HISTORY: AAA 5.6 cm found today, now seizure and coma

Rule Out is not a clinical history.?

COMMENT:

<Continued>

5. Preliminary results were called by Dr. Carrie Harvey of Nightshift Radiology and sent to the ER at 2154 hours.

Dictated by: RYAN FARRER, DO on 7/21/2016 at 9:12

Transcribed by: MMBB on 7/21/2016 at 9:34

Approved by: RYAN FARRER, DO on 7/21/2016 at 13:41

** REPORT SIGNED IN OTHER VENDOR SYSTEM 07/21/2016 **
Reported By: RYAN FARRER, D.O.

CC: KEVIN J MIERZEJEWSKI DO

Technologist: DFROSTAD

Transcribed Date/Time: 07/21/2016 (0934)

Transcriptionist: MMBBALESTR

Printed Date/Time: 09/07/2016 (1048)

PAGE 2

Signed Report Printed From PCI

Grays Harbor Community Hospital
Diagnostic Imaging Department
915 Anderson Dr * Aberdeen, WA 98520

Name: MARKS, PAUL D
Phys: MIERZEJEWSKI, KEVIN J DO
DOB: 11/01/1945 Age: 70 Sex: M
Acct No: G019621986 Loc: 316 02
Exam Date: 07/20/2016 Status: DIS IN
Unit No: M0203326

Patient Name: MARKS, PAUL D
Unit No: M0203326

~~7-20-16~~ 7-20-16
~~38~~
39

TYPE/EXAM

000842316 CT/HEAD/C-SPINE WITHOUT CONTRAS

CLINICAL HISTORY: aggitated takedown by scc staff, seizure --> coma
Rule Out is not a clinical history.?

COMMENT:

PROCEDURE: CT HEAD & C-SPINE WITHOUT CONTRAST

COMPARISON: None.

INDICATIONS: Agitated takedown by SCC staff, seizure --> coma.

TECHNIQUE

Multiple contiguous CT axial images of the head and cervical spine performed with coronal and sagittal reconstructed images. Dose reduction techniques were utilized.

FINDINGS

CT HEAD: No mass, midline shift, hydrocephalus, or acute intracranial hemorrhage. There is a moderate amount of periventricular low attenuation. This is a nonspecific finding commonly ascribed to changes chronic ischemic microangiopathy. There is mild to moderate cortical atrophy. There is mild bilateral ethmoid sinus mucosal thickening. The calvarium is unremarkable.

CT CERVICAL SPINE: Reversal of the normal cervical curve with the apex at C3-C4 disc space. There is advanced multilevel degenerative disc and facet disease. No fracture or malalignment. ET and NG tube within the neck soft tissues. The lung apices are unremarkable.

IMPRESSION

1. Moderate nonspecific white matter changes and cortical atrophy.
2. Advanced degenerative disc and facet disease without fracture.
3. Reversal of the normal cervical curve.
4. NG tube coiled within the esophagus.
5. Preliminary results were called by Dr. Carrie Harvey of Nightshift Radiology and sent to the ER at 2143 hours.

Dictated by: RYAN FARRER, DO on 7/21/2016 at 9:06

PAGE 1

Signed Report Printed From PCI (CONTINUED)

Grays Harbor Community Hospital
Diagnostic Imaging Department
915 Anderson Dr * Aberdeen, WA 98520

Name: MARKS, PAUL D
Phys: MIERZEJEWSKI, KEVIN J DO
DOB: 11/01/1945 Age: 70 Sex: M
Acct No: G019621986 Loc: 316 02
Exam Date: 07/20/2016 Status: DIS IN
Unit No: M0203326

Patient Name: MARKS, PAUL D
Unit No: M0203326

7-20-16 (40) (7/21)

TYPE/EXAM

000842316 CT/HEAD/C-SPINE WITHOUT CONTRAS

CLINICAL HISTORY: aggitated takedown by scc staff, seizure --> coma

Rule Out is not a clinical history.?

COMMENT:

<Continued>

Transcribed by: MMBB on 7/21/2016 at 9:20

Approved by: RYAN FARRER, DO on 7/21/2016 at 13:41

** REPORT SIGNED IN OTHER VENDOR SYSTEM 07/21/2016 **

Reported By: RYAN FARRER, D.O.

CC: KEVIN J MIERZEJEWSKI DO

Technologist: DFROSTAD

Transcribed Date/Time: 07/21/2016 (0921)

Transcriptionist: MMBALESTR

Printed Date/Time: 09/07/2016 (1048)

PAGE 2

Signed Report Printed From PCI

Grays Harbor Community Hospital
Diagnostic Imaging Department
915 Anderson Dr * Aberdeen, WA 98520

Name: MARKS, PAUL D
Phys: MIERZEJEWSKI, KEVIN J DO
DOB: 11/01/1945 Age: 70 Sex: M
Acct No: G019621986 Loc: 316 02
Exam Date: 07/20/2016 Status: DIS IN
Unit No: M0203326

Patient Name: MARKS, PAUL D
Unit No: M0203326

7-20-16

44

TYPE/EXAM

000842317 XR/PORTABLE CHEST

CLINICAL HISTORY: intubated

Rule Out is not a clinical history.?

** PLEASE ENTER REASON FOR EXAM AT CLINICAL HISTORY **?

PROCEDURE: PORTABLE CHEST X-RAY

COMPARISON: None.

INDICATIONS: Intubated.

FINDINGS

The endotracheal tube is in good position. Nasogastric tube distal tip is in the stomach, however, the side-port is possibly in the distal esophagus. Prominent interstitium secondary to increased pulmonary vasculature. The rest of the lung field demonstrate no evidence of pneumonia heart, pneumothorax or pleural effusions. The mediastinum and hemidiaphragms are normal. The heart is normal in size and shape.

IMPRESSION

1. Endotracheal tube is in good position.
2. The nasogastric tube side-port is possibly in the distal esophagus. Recommend advance further down.
3. Prominent pulmonary vasculature.
4. No evidence of pneumonia, pneumothorax or pleural effusions.

Dictated by: THANH TRIEU, M.D. on 7/21/2016 at 8:48

Transcribed by: MMBB on 7/21/2016 at 8:51

Approved by: THANH TRIEU, M.D. on 7/21/2016 at 18:12

** REPORT SIGNED IN OTHER VENDOR SYSTEM 07/21/2016 **
Reported By: THANH TRIEU, M.D.

CC: KEVIN J MIERZEJEWSKI DO

Technologist: DFROSTAD

Transcribed Date/Time: 07/21/2016 (1812)

Transcriptionist: MMBBALESTR

Printed Date/Time: 09/07/2016 (1048)

PAGE 1

Signed Report Printed From PCI

Grays Harbor Community Hospital
Diagnostic Imaging Department
915 Anderson Dr * Aberdeen, WA 98520

Name: MARKS, PAUL D
Phys: MIERZEJEWSKI, KEVIN J DO
DOB: 11/01/1945 Age: 70 Sex: M
Acct No: G019621986 Loc: 316 02
Exam Date: 07/20/2016 Status: DIS IN
Unit No: M0203326

EVENTS OF

7-27-16

9 PAGES

EVENTS OF 7-27-16

9-PAGES



INCIDENT REPORT

☐ Confidential

Date/Time of Incident 7/27/2016, 2228	Offenders Involved: MARKS, PAUL	DOC Number 321696	Living Unit F-Unit (FN B01)
Location FN B01	Witnesses Involved: n/a		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Incident: Medical emergency.	Employees/Contract Staff/Volunteers Involved: C/O McClucas, C/O Crummett, C/O Reese, J, Nurse Lisle, Nurse Hanson		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

On 7/27/2016, I Sgt. Eric Stielau was posted at SCCC as the IMU sergeant on 1st shift. At approximately 2228hrs C/O McClucas made notification that inmate MARKS, PAUL 321696 was on his cell floor unresponsive. Booth officer Cullop made notification to Medical for response, and to Master Control. I responded to the cell with C/O Crummett. We all assessed that MARKS was moving (heavy shaking) and breathing (chest rising) so we waited for medical. He wasn't responding to any verbal prompts/directives. C/O McClucas retrieved a QRT shield for stand-by. Upon the arrival of medical a few minutes later, the nurses determined the need for immediate entry. We did so and had no resistance or issues. The patient was restrained then medical quickly assessed and determined the need for a move to medical (R-building). C/O Crummett, C/O Reese, J, Nurse Hanson, Nurse Lisle and I escorted MARKS to medical. The officers and I stood by until he was later admitted to the IPU.

Immediate Action Taken:

Eric Stielau
Signature

7/28/2016

Date

Sgt.

Title

Eric Stielau

Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: ORIGINAL-Superintendent

COPY- Chief Investigator

DOC 21-917 (Rev. 10/23/15)

DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390,
DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 890.620

Scan Code GM02



Department of
Corrections
WASHINGTON STATE

PAPELETA DE PETICIÓN DEL INTERNO

OFFENDER NAME (PRINT) NOMBRE DEL INTERNO (LETRA DE MOLDE) PAUL MARKS		
DOC NUMBER/NÚMERO DOC 321696	FACILITY, UNIT, CELL/FACILITY IS INSTALACIÓN/UNIDAD, CELDA SCCC	DATE/FECHA 7-22-06
DESIRE INTERVIEW WITH OR ANSWER FROM/DESEA ENTREVISTA CON O RESPUESTA DE MS MCTARSEN OR SOME ONE FROM GREYHOUND DEPT. ASAP		

☐ Interpreter needed for _____ (language).
☐ Necesito intérprete para _____ (idioma).

REASON/QUESTION
RAZÓN/PREGUNTA

PLEASE HELP ME. I'M IN GREAT PAIN FROM
AN ANEURYSM IN MY STOMACH AND NEED A
REAL DOCTOR. THE PA AND NURSES ARE WAITING
FOR MY ANEURYSM TO POP AND I DIE
SO THEY CAN RID THEMSELVES OF ME. I WAS
AT THE ABERDEEN HOSP BUT WAS DISCHARGED
FOR A SIZORE OF SOME TYPE RELATED TO MY
ANEURYSM TO SAVE MONEY. I HAVE A VERY

SIGNATURE/FIRMA

DAYS OFF/DÍAS LIBRES

Paul Marks

RESPONSE

RESPUESTA

SERIOUS SITUATION AND AM BEING
HELD IN CAGE AS MUCH AS THEY
CAN. I HAVE BEEN ATTACKED BY CO'S AND
TAKEN TO THE HOSP AS DESCRIBED ABOVE. I'M
BRING UP SOME MESS UP INCIDENT ABOUT
FAILING TO RETURN TO MY UNIT. I'M SUPPOSED
TO HAVE A HEARING BUT WHO KNOWS WHEN. THEY
CAN HOLD ME FOREVER IF THEY THINK THEY CAN
GET AWAY WITH IT

RESPONDER/PERSONA QUE RESPONDE

DATE/FECHA

Distribution: **WHITE/YELLOW**-Responder, **YELLOW**-Return to Offender with Response, **PINK**-Offender keeps
Distribución: **BLANCA/AMARILLA**-Persona que responde, **AMARILLA**-Devuelva al interno con respuesta,
ROSA-Interno

DOC 21-473 E/S (Rev. 05/23/13)

DOC 390.585, DOC 450.500

**INCIDENT REPORT**☐ Confidential

Date/Time of Incident 7/27/2016 22:29	Offenders Involved: Marks Paul	DOC Number 321696	Living Unit F B01
Location F- Unit	Witnesses Involved:		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Incident: Medical Emergency Nonresponsive Offender	Employees/Contract Staff/Volunteers Involved: Hansen James RN2, Lisle Carrie RN2		


DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

On 7/27/2016 at approximately 22:29 a medical emergency was called for a nonresponsive offender down in his cell in F-Unit, Medical staff responded to F-Unit. Upon arrival to the cell, offender Marks Paul 321696 was found sitting on the floor of his cell. Offender Marks was responsive and breathing, custody transferred offender Marks to a wheelchair from the floor, offender Marks was placed in restraints.

Offender Marks was shaky, and was slow to respond to questions. Offender Marks was transported to medical for further evaluation.

The medical provider was contacted, orders were received, offender Marks was admitted to IPU for further observation and neurological assessments,

Immediate Action Taken: Assessment, Triage, Provider Contacted, admitted to IPU

 Signature	7/27/2016 Date	RN2 Title	James Hansen Name (Please Print)
--	-------------------	--------------	-------------------------------------

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature	Date
-----------	------

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

**INCIDENT REPORT**☐ Confidential

Date/Time of Incident 7/27/16 22:29	Offenders Involved: Marks, Paul	DOC Number 321696	Living Unit F-B01
Location F-unit	Witnesses Involved:		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Incident: Medical emergency nonresponsive offender down	Employees/Contract Staff/Volunteers Involved: Carrie Lisle RN2, James Hansen RN2		
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>On 7/27/16 at 22:29 hours a medical emergency was called for nonresponsive man down in F-unit. RN Hansen and myself, RN Lisle responded with the gurney and medical supplies to F-unit. Upon arrival offender Marks was sitting up on floor in cell, responsive and breathing. Custody transferred him from floor to wheelchair and then cuffed arms and legs for security. Offender very shaky, slow to respond to questions. Moved to medical for evaluation. Offender stopped shaking, able to respond to questions. States he was taking a nap on the floor, denies falling, hitting head or loss of consciousness. States he has pain in his abdomen, unable to rate pain. Pupils slightly sluggish on neuro exam. No injuries noted, vital signs stable. Assessment findings phoned to Dr. Sara Smith who ordered offender Marks be admitted to IPU for observation and neurological assessments every two hours throughout the night.</p>			

Immediate Action Taken: Offender Marks admitted to IPU as ordered.

Carrie Lisle RN
Signature

7/27/16
Date

RN2
Title

Carrie Lisle RN2
Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

VNI: IMRS - Search Incident Report

Page 1 of 2

Printed by: Barry DeHaven

Incident Information

Incident Number: 16-46679
 Facility : SCCC-IMU
 Location : Cell
 Place : Cell
 Confidential ? : No
 Facility Lockdown ? : No
 Restricted Movement ? : No
 STG Incident ? : No
 Property Damage ? : No
 Date and Time of Incident : 07/27/2016 22:35
 Reporting Staff : Dehaven, Barry E
 Date and Time Submitted :
 Creating Staff: Dehaven, Barry E

ca: R. Weber

Primary Incident Type

Primary Incident Category : Offender
 Primary Incident Type : Medical Emergency
 Modifiers :
 Mandatory Confidential : N

Involved Offenders

Doc Nb : 321696 Name : MARKS, Paul D Gender : Male Race : White STG Group:
 Community Concerns: No Active Warrant: No Injured ? : No Hospitalized ? : No

Involved Staff

Name	Position Description	Injured ?	Hospitalized ?
Name : Stielau, Eric E	Position Description : Corrections/Custody Officer 3	No	No
Name : Reese, Jesse E	Position Description : Corrections/Custody Officer 2	No	No
Name : McClucas, Timothy J	Position Description : Corrections/Custody Officer 2	No	No
Name : Hansen, James E	Position Description : Registered Nurse 2	No	No
Name : Lisle, Carrie A	Position Description : Registered Nurse 2	No	No

Other Participants

Type : Gender: Last name : First name : Comment : Injured ? : No Hospitalized ? : No

Other Agencies Contacted

Agency Type	Agency Name	Date Contacted	Time Contacted	Comments
-------------	-------------	----------------	----------------	----------

OMNI: IMRS - Search Incident Report

Page 2 of 2

Narrative

Date

Narrative

07/28/2016

On 7/27/16 at 2335 hours F unit staff reported an offender down in his cell appeared to be in convulsions. Offender Marks Paul # 321696 was assessed by RN Hansen and Lisle taken to medical evaluated further and placed in the IPU for observation. Duty Officer Van Ogle notified. all documentation completed.



INCIDENT REPORT

☐ Confidential

Date/Time of Incident 07/27/2016 2235	Offenders Involved: Marks, Paul	DOC Number 321696	Living Unit FNB-01
Location FNB-01	Witnesses Involved: C/O's Crummett, McClucas and Sgt. Stielau		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Incident: emergency medical cell entry	Employees/Contract Staff/Volunteers Involved: C/O's Crummett, McClucas, Reese, J and Sgt. Stielau		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

On 07/27/2016 at approximately 2228 a medical emergency was called in F Unit. At 2235 I, C/O Reese, J was directed by Sgt. Richards (208) to report to F Unit to assist. Upon arrival in F North B-Pod I was directed by Sgt. Stielau to assist in the emergency medical cell entry of FNB-01 assigned to I/M Marks, Paul DOC# 321696. Upon looking through the window and also upon entering cell FNB-01 I/M Marks was found to be laying/sitting on the floor convulsing/shaking. I retained the ankle restraints and handed them to C/O Crummett after he had applied wrist restraints. I then retrieved a wheel chair from medical staff and held the wheel chair in place so I/M Marks could be lifted into it to transport him to medical. I then proceeded to push I/M Marks from F Unit to medical. Once in medical I remained in the treatment room until I/M Marks was admitted into upper medical. Once admitted I escorted I/M Marks from the treatment room to upper medical room R-2022 and remained in R-2022 while medical staff conducted a vitals check. Once the vitals check was completed I exited medical.

Immediate Action Taken:

Offender assessed taken to medical ward R-2022

Signature

07/27/2016

Date

C/O 2

Title

Reese, Jesse

Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature

Date

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DOC 21-917 (Rev. 10/23/15)

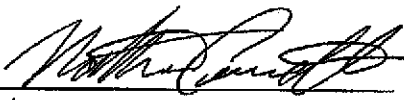
DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390,
DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 890.620

Scan Code GM02

**INCIDENT REPORT**☐ Confidential

Date/Time of Incident 7/27/16, 2228	Offenders Involved: MARKS, PAUL	DOC Number 321696	Living Unit F-Unit (FN B01)
Location FN B01	Witnesses Involved: n/a		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Incident: Medical emergency.	Employees/Contract Staff/Volunteers Involved: C/O Crummett, C/O McClucas, C/O Reese, J, Nurse Lisle, Nurse Hanson		
<p>DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.</p> <p>On 7-27-16 at 2228 hours C/O McClucas made notification that inmate MARKS, PAUL 321696 in cell FN B01 was laying on his cell floor and unresponsive. I (C/O Crummett) responded to the cell with Sgt Stielau. We all assessed that MARKS was moving (heavy shaking) and breathing (chest rising) so we waited for medical. He wasn't responding to any verbal prompts/directives. When medical arrived a few minutes later, the nurses determined the need for immediate entry. We did so and had no resistance or issues. The patient was restrained then medical quickly assessed and determined the need for a move to medical (R-building). I C/O Crummett, C/O Reese, J, Nurse Hanson, Nurse Lisle escorted MARKS to medical. I then stayed with MARKS until he was admitted to the IPU.</p>			

Immediate Action Taken:

	7/27/16	C/O 2	Nathan Crummett
Signature	Date	Title	Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received		Incident Number
Investigation Assigned To	By	Date

Comments:

Signature

Date

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Distribution: ORIGINAL-Superintendent

COPY- Chief Investigator

DOC 21-917 (Rev. 10/23/15)

DOC 390.350, DOC 420.080, DOC 420.150, DOC 420.250, DOC 420.255, DOC 420.360, DOC 420.390, DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 890.820

Scan Code GM02



INCIDENT REPORT

☐ Confidential

Date/Time of Incident 7-27-2016 // 2228 hours-	Offenders Involved: MARKS, PAUL	DOC Number 321696	Living Unit F-Unit IMU
Location FNB01	Witnesses Involved: n/a		
Use of Force Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Incident: Medical emergency/Cell Entry.	Employees/Contract Staff/Volunteers Involved: SGT. Stielau, C/O Crummett, C/O Cullop, C/O Reese, J., Nurse Lisle, Nurse Hanson		

DETAILS: Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

On 7/27/2016 at approximately 2228 hrs I, C/O McClucas, T. (F583), made notification to SGT. Stielau (F582) and C/O Cullop (F587/Booth Operator) that Offender Marks, Paul DOC# 321696 was on his cell floor unresponsive, but breathing, and appearing to be convulsing. Shortly thereafter, both C/O Crummett and SGT. Stielau were at the cell front observing much the same. Upon SGT. Stielau's directives I retrieved a QRT shield for stand-by. Soon thereafter Medical Nurses Lisle and Hanson and C/O Reese, J. arrived at the cell and determined the need for immediate entry. I made entry with the shield and several staff and experienced no resistance or issues. The Offender was restrained, placed in a wheel chair, and then medical assessed him, determining he needed to be moved to Medical R-Building for further assessment/observations.

Immediate Action Taken:

Cell Entry

Assisted with restraining Offender for movement.

Signature

7/28/2016

Date

Correction Officer 2

Title

McClucas, Timothy

Name (Please Print)

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date/Time Received	Incident Number	
Investigation Assigned To	By	Date

Comments:

Signature

Date

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COPY- Chief Investigator

DOC 21-917 (Rev. 10/23/15)

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DOC 420.500, DOC 420.550, DOC 620.200, DOC 630.550, DOC 890.620

Scan Code GM02

CONTINUED FROM

59

(60)

WHAT HAPPENED NEXT: FOR THE NEXT FEW DAYS I WAS IN MY CELL BY MYSELF.

(61)

WHAT HAPPENED NEXT: A INMATE NAMED BROCK NORRIS WAS MOVED INTO MY CELL

(62)

WHAT HAPPENED NEXT: AFTER SEVERAL DAYS, NORRIS MADE SEXUAL GESTURES

(63)

WHAT HAPPENED NEXT: I REPORTED THE INAPPROPRIATE GESTURES TO SGT DICKERSON WHO JUST ROLLED HIS EYES AND SAID "THERE IS NOTHING I CAN DO ABOUT IT, I HAVE NO PLACE TO MOVE HIM.

(64)

WHAT HAPPENED NEXT: I HAD AN OPERATION ON MY ~~ABDOMEN~~ AORTA, WAS DISCHARGED FROM THE HOSPITAL IN OLYMPIA, WA AND RETURNED TO SCCC UPSTAIRS MEDICAL.

(65)

WHAT HAPPENED NEXT: AT APPROX 11:00 NURSE ESPOLIZA CAME TO MY ROOM, TOOK MY VITALS, WAS CONCERNED THAT I HAD A ELEVATED TEMP AND MY SKIN HAD A RASH. SHE CALLED A MEDICAL EMERGENCY. A AMBULANCE CAME AND TOOK ME TO ABQ DESH EMERGENCY WITH 2 CO'S ALMOLO AND CARTMAN.

(66)

WHAT HAPPENED NEXT: AT THE EMERGENCY ROOM I WAS MADE TO CHANGE INTO A ~~GOWN~~ GOWN, LAIN ON A BED ALL CHAINED UP. I WAS VERY ILL FROM THE OPERATION. CO ALMOLO AND CO CARTMAN

DID EVERYTHING TO CAUSE ME TO HAVE A MIGRAINE HEADACH BY HAVING THEIR RADIO TURNED UP AS LOUD AS THEY COULD. KARTMAL EVEN TOLD ME IT WAS HIS JOB TO MAKE ME AS UNCOMFORTABLE AS HE COULD.

(67) WHAT HAPPENED NEXT: THE EMERGENCY ROOM DR. CAME IN, SAID THERE WAS NOTHING WRONG WITH ME, THAT I WAS HAVING A REACTION TO THE MEDICATION. I TOLD HER I HAD A MIGRAINE HEADACH AND WANTED A COODIL ASPIRIN. SHE SLAMMED HER BOOK LEFT THE ROOM. SENT IN A NURSE WITH AN ASPIRIN. I WAS DISCHARGED AND SENT BACK TO SCCC MEDICAL

(68) WHAT HAPPENED NEXT: WENT BACK TO "G" UNIT

(69) WHAT HAPPENED NEXT: NEXT FEW DAYS I WAS RECOVERING FROM MY SURGERY. NORRIS CONTINUED HIS PREA CHAP.

(70) WHAT HAPPENED NEXT: I COMPLAINED TO SGT DICKERSON ABOUT NORRIS. SAME RESULT NOTHING HAPPENED.

(71) WHAT HAPPENED NEXT: AFTER SEVERAL MORE COMPLAINTS ABOUT NORRIS, DICKERSON HAD ME FILL OUT A MOVE SLIP TO MOVE NUMES. I FILLED OUT THE MOVE SLIP AND INCLUDED A 1 1/2 PAGES OF THINGS NORRIS DID. ~~SGT~~ SGT DICKERSON TOOK ONLY THE MOVE SLIP.

(72) WHAT HAPPENED NEXT: AFTER MORE COMPLAINTS TO SGT DICKERSON, WHO DID NOTHING, I WENT TO MY COUNSELOR, TOLD HER ABOUT

my situation. SHE HAD ME FILL OUT A STATEMENT.

- (73) WHAT HAPPENED NEXT: AFTER FILLING OUT THE STATEMENT, I ASKED MY COUNSELOR IF I WAS GOING TO BE MOVED. SHE ASSURED ME I WASN'T TO BE MOVED BECAUSE OF MY RECENT SURGERY.

→ WHAT HAPPENED NEXT

- (74) AT APPROX 3:15 +- MY COUNSELOR CAME TO ME AND TOLD ME I HAD TO MOVE.

- (75) WHAT HAPPENED NEXT: AT GREAT DISCOMFORT TO ME, I PACKED UP ALL MY STUFF, PUT IT ON A CART AND WENT TO A SIDE OF 'G' UNIT AND REPORTED TO THE DAY ROOM C.O. NAME UNKNOWN AT THIS TIME.

- (76) WHAT HAPPENED NEXT: THE DAY ROOM C.O. TOLD ME MY NEW CELL ASSIGNMENT WAS UP STAIRS.

- (77) WHAT HAPPENED NEXT: I TOLD HIM I HAD A HSR THAT REQUIRED ME TO HAVE A LOWER BUNK AND NO CLIMBING STAIRS (WHICH AT THE TIME I THOUGHT WAS VALID BECAUSE I SENT A REQUEST FOR A HSR UPDATE ON 9-8-16 VIA A MEDICAL KITE AND ANOTHER ON 8-25-16 TO RA. (LIGHT VIA A MEDICAL KITE) AND I WAS RECOVERING FROM A SURGERY I HAD SEVERAL DAYS EARLIER.

- (78) WHAT HAPPENED NEXT: THE DAY ROOM CO SLAMMED CLOSED A BOOK HE WAS WRITING IN AND WENT SOME WHERE UNKNOWN TO ME.

- (79) WHAT HAPPENED NEXT: THE DAY ROOM CO AND ANOTHER CO. CAME TO

ME AND LEAD ME TO A BACK ROOM HOLDING CELL (IT WAS COUNT TIME 3:40)

(80) WHAT HAPPENED NEXT: THE NEXT THING I KNEW, I WAS AT LOWER MEDICAL AND A NURSE WAS ASKING ME QUESTIONS, MY NAME ECT. I WAS TOLD I HAD A SEIZURE AND A MEDICAL EMERGENCY WAS CALLED. I RECOVERED AND SPENT THE NIGHT IN UPSTAIRS MEDICAL

(81) WHAT HAPPENED NEXT: AT APPROX 2:30^{PM} - 3 CO'S CAME TO UPPER MEDICAL AND TOOK ME TO 1 MU. NO REASON WAS GIVEN AT THAT TIME.

(82) WHAT HAPPENED NEXT: THAT DAY OR THE NEXT DAY I WAS SERVED A MAJOR INFRACTION FOR REFUSING TO TAKE A CELL ASSIGNMENT. THE INFRACTION WAS BROUGHT BY CUS SCHRIEBER

SEE CUS SCHRIEBER

AND MOVE TO CRCC

BECAUSE OF SCHRIEBER

(83)

WHAT HAPPENED NEXT: THE INFRACTION
WAS SERVED ON ME AT UPSTAIRS MEDICAL

(84)

WHAT HAPPENED NEXT: I WAS MOVED TO I.M.U. BY
ORDERS FROM CUS SCHRIER

SEE SCHRIER EVENTS

EX 1 (B)

A05

Placement Referral:**MARKS, Paul D (321696)****Offender Information At Time Of Placement****ERD:** 01/02/2020**RLC:** LOW**Custody Level:** Medium**Location:** SCCC**Placement Movement**

* **Initial Placement Date:** 10/18/2016 * **Time:** 10:25 * **Initial Placement Status:** Pre-Hearing Confinement
 * **Initial Placement Facility:** SCCC-IMU * **Initial Placement Living Unit:** F
 * **Pre-Placement Location:** SCCC-R

Placement Details**Placement Type:**

Threat to Orderliness of Facility

Placement Detail:

Refusing Bed Assignment

Placement Due Infraction:

724 - REFUSE CELL/HOUSING ASSIGN

Placement Narrative

Offender Refused Cell Assignment. Infraction Submitted.

Requesting Staff: Schreiber, Robert J**Authorizing Staff:** Mainio, Eric W**Placement Authorization:***** Authorization Narrative:**

Concur

☒ Authorize☐ Deny**Authorizing Staff:**

Mainio, Eric W

Serving/Reporting Staff:

Schuetter, Brian L

Superintendent/Designee:

Cotton, Jeneva M

Placement Decision:**Superintendent/Designee:** Cotton, Jeneva M**Date of Decision:** 10/18/2016**Decision Narrative:**

PHC Approved - WAC 724

☒ Approve☐ Deny**Change Placement Status: Administrative Segregation Pending Transfer****Staff:** Richardson, Rick M**Date:** 10/18/2016*** Action Narrative**

Due To Recent Infraction, Marks, Paul D

Previous Placement Status: Pre-Hearing Confinement **New Placement Status:** Administrative Segregation Pending Transfer

SCHREIBER ZUER



INITIAL SERIOUS INFRACTION REPORT

Date of Infraction 10/18/16	Offender Name (Last, First) Marks, Paul	DOC Number 321696	Housing Assignment GD19L
Rule Violation #(s) 505 724			
Approximate Time Occurred 1540 hours	Place of Incident (Be Specific) G Unit holding cell	Date Occurred 10/17/16	
Witness (1)	Days Off	Witness (3)	Days Off
Witness (2)	Days Off	Witness (4)	Days Off

NARRATIVE

State a concise description of the details of the rule violations, covering all elements and answering the questions of When? Where? Who? What? Why? and How? Describe any injuries, property damage, use of force, etc. Attach all related reports.

On 10/17/2016 at approximately 1540 hours offender Marks was being moved from GA24L to GD19L due to ongoing concerns with he and his current cell mate. As offender Marks was given his new cell assignment he told the officers he would not be going to the cell due to it being upstairs. Officer Travess reported to me that offender Marks stated he was not going to go to his newly assigned cell. Offender was placed in G Unit holding cell at this time. A check of offender Marks OMNI as well as a check with medical does not show the offender being issued a Health Status Report for a lower Bunk or to be housed on the lower tier. This information was relayed to offender Marks to which he stated he was not going to any cell that required him to go up any stairs for any reason, I then asked offender Marks if he was refusing a cell to which he replied "yes".

WAS HAVING SEIZURE WAS UNCONSCIOUS

Reporting Employee/Contract Staff Name (Last, First) (Print Name) Schreiber, Rob		Shift 0800-1630	Days Off S/S
Evidence Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Evidence Case Number	Evidence Locker Number	Photo/Video Submitted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Description of Evidence			
Placed in Pre-Hearing Confinement <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Administrative Segregation <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____		Recommended Sanction(s) RECEIVED OCT 20 2016	
NAME(S) OF ALLEGED VICTIMS OF THIS INCIDENT			
Last, First 1)	<input type="checkbox"/> Employee/Contract Staff	<input type="checkbox"/> Volunteer/Visitor/Other	DOC#
Last, First 2)	<input type="checkbox"/> Employee/Contract Staff	<input type="checkbox"/> Volunteer/Visitor/Other	DOC#
Related Reports Attached <input checked="" type="checkbox"/> Supplemental <input type="checkbox"/> Medical <input type="checkbox"/> Employee/Contract Staff Witness Statements <input type="checkbox"/> Other (Specify)			

Reporting Employee/Contract Staff Signature <i>[Signature]</i>	Date 10/16/16
Infraction Review Officer Signature and Name (Last/First) <i>[Signature]</i> MANN, ERIC	Date 10/18/16

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OFFENDER COPY

SERIOUS INFRACTION REPORT

SCA EVCA

Facility: SCCC-IMU

Infraction Group Number: 29

EMPLOYEE REPORT

Name: MARKS, Paul D.

DOC #: 321696

Date: 10/17/2016

Number of rule(s) violated: 724 - REFUSE CELL/HOUSING ASSIGN

Time: 15:40

Place: Living Unit

Details in full: On 10/17/2016 at approximately 1540 hours offender Marks was being moved from GA24L to GD19L due to ongoing concerns with he and his current cell mate. As offender Marks was given his new cell assignment he told the officers he would not be going to the cell due to it being upstairs. Officer Travess reported to me that offender Marks stated he was not going to go to his newly assigned cell. Offender was placed in G Unit holding cell at this time. A check of offender Marks OMNI as well as a check with medical does not show the offender being issued a Health Status Report for a lower Bunk or to be housed on the lower tier. This information was relayed to offender Marks to which he stated he was not going to any cell that required him to go up any stairs for any reason, I then asked offender Marks if he was refusing a cell to which he replied "yes".

Witnesses:

ROBERT J. SCHREIBER

Reporting Employee (Print)

Reporting Employee Signature

FACT FINDING DURING HEARING

Was offender informed of right to remain silent? ☒ Yes ☐ No

Date of Hearing: 11/9/2016

PLEA: GUILTY

NOT GUILTY 724

NO PLEA

Did the offender make statement after being informed of his/her rights? ☒ Yes ☐ No

If so, what? In the prior unit I had an HSR. I talked to SGT Dickerson about moving. He said, he had no place to move me. I went to Miss Thomas, she had me fill out a statement. When I was told to move I had an HSR, I told him I wasn't going up and down stairs. I never talked to Schreiber.

DECISION

FINDING: GUILTY 724

Reason for sanction(s): Facts and evidence found: Based upon inmate's statement, OMNI Reports. I/M didn't have an HSR as of 11/07/16

Sanction is within doc policy 460.050; 10 days dseg;.

Recommendations (Non-Sanction): 1st infraction of this kind.

Thomas L'heureux

Hearing Officer (Print)

Hearing Officer Signature

11/09/16

Date

Dan Van Ogle

Superintendent/designee (Print)

Superintendent/designee Signature

11/09/16

Date

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**DISCIPLINARY HEARING APPEAL DECISION**

SCA PUEV

To MARKS, Paul D.	DOC # 321696	Date 11/21/2016
From Hearings	Superintendent/Designee Dan Van Ogle	

On 11/9/2016, a Department Hearing was held for the WAC violation(s) listed:

724 - Refusing a cell or housing assignment

The Hearing Officer found you guilty of committing one or more violations and imposed the following sanction (s): 10 days segregation applied

On 11/21/2016, an appeal of this hearing was received from you in which you requested review of the Hearing Officer's decision and/or sanction.

You appealed:

OFFENDER COPY

- ☒ The finding(s) of guilt
☐ The sanction(s) imposed

In summary, your appeal states:

You never intended to refuse a cell assignment.

In reviewing your appeal, I have made the following determination(s):

- ☒ The disciplinary hearing process was conducted in accordance with Due Process requirements and WAC 137-28.
☒ At least 24 hours advance written notice was provided or you waived the 24 hour advance notice in writing/with witness.
☒ You were provided an opportunity to call witnesses and present documentary evidence on your behalf. If witness(es) were denied, the Hearing Officer provided you with written reason(s) for the denial.
☒ The finding was made by an impartial (i.e., not viewed as biased or having witnessed the incident being heard) Hearing Officer.
☒ A written statement of the finding(s) and sanction(s) imposed was provided to you and includes the evidence relied upon and the reason(s) for the decision.
☒ Sanction(s) are in accordance with DOC Presumptive Sanction Guidelines and WAC 137-28.

If confidential information was submitted, I have confirmed:

- ☐ The Hearing Officer made an independent determination regarding reliability of the confidential source(s), credibility of the information, and safety concerns that justify non-disclosure of the confidential source(s) of information.
☐ The above information was documented on DOC 17-072 Confidential Information Review Checklist.

On behalf of the Superintendent, I have investigated your appeal and find that:
Sufficient evidence exists to support substantiate a guilty finding.

- ☒ You were found guilty as explained above.
☐ There was insufficient evidence for a finding of guilt as explained below.
☐ A procedural error occurred as explained below.
☐ The sanction was appropriate, and you were provided with the Hearing Officer's written report.
☐ Other:

AND THEREFORE, the decision of the Hearing Officer is:

- ☒ Affirmed
☐ Remanded for a new hearing. (You will be notified of the hearing date).
☐ Reversed
☐ Reduced
☐ Modified as follows:

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IGN 2A
WAC 724
SCA EU

WITNESS STATEMENT

Name of Witness	DOC Number	Facility
Thomas, Amanda		SCCC
Position/Title of Witness		
Staff/CC		

NAME OF OFFENDER(S) TO WHICH STATEMENT REFERS	DOC NUMBER
Marks, Paul	321696

Offender Copy

OFFENDER DESIRES WRITTEN STATEMENT CONCERNING THE FOLLOWING
724 - Refusing a cell or housing assignment
On 10/17/2016 at approximately 1540 hours offender Marks was being moved from GA24L to GD19L due to ongoing concerns with he and his current cell mate. As offender Marks was given his new cell assignment he told the officers he would not be going to the cell due to it being upstairs. Officer Travess reported to me that offender Marks stated he was not going to go to his newly assigned cell. Offender was placed in G Unit holding cell at this time. A check of offender Marks OMNI as well as a check with medical does not show the offender being issued a Health Status Report for a lower Bunk or to be housed on the lower tier. This information was relayed to offender Marks to which he stated he was not going to any cell that required him to go up any stairs for any reason, I then asked offender Marks if he was refusing a cell to which he replied "yes".

Name of Person Obtaining Statement	Date	Time
Sheron Creed OAS-Hearings	11/02/16	1446 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.

NOTE: This statement should give a factual account of the events witnessed. Of particular importance is information as to what was observed, where and when it occurred, who was involved, what other witnesses there were to the event and, if possible, any factual information relative to the possible reasons for the incident or misconduct.

STATEMENT (Use back of this page if additional space is required.)
On 10/17/2016 I CC2 Thomas reviewed OMNI and found no status report for lower bunk or lower tier. I then walked to Medical to confirm in the files that I was not overlooking his HSR (he stated he had). Per SCCC Medical Marks has no lower tier lower bunk HSR. I did witness Marks refuse to cell in due to his cell being on the upper tier. Marks was placed in a holding cell due to his refusal.

AO 440 (Rev. 02/09) Summons in a Civil Action (Page 2)

FILED

Civil Action No.

17-2-50-3

PROOF OF SERVICE

17 MAY 10 A9:41

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(f))

This summons for (name of individual and title, if any)

DEPT. OF CORR.

GRAYS HARBOR CO.
C. BROWN CLERK

was received by me on (date)

☒ I personally served the summons on the individual at (place) COYOTE RUN 2 C.C. 1301 N. EPHRATA AVE, CONNELL, WA 99321 on (date) 5-4-17; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____, a person of suitable age and discretion who resides there, on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) SGT SHELLEY, who is designated by law to accept service of process on behalf of (name of organization) DEPT OF CORRECTIONS on (date) 5-4-17-1:41; or PM TIME

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 5-4-17

Paul Marks
Server's signature

PAUL MARKS 321696 EB 26L
Printed name and title

1301 N. EPHRATA AVE, CONNELL WA 99326
Server's address

Additional information regarding attempted service, etc:

7